

U.S. Army Dental Command



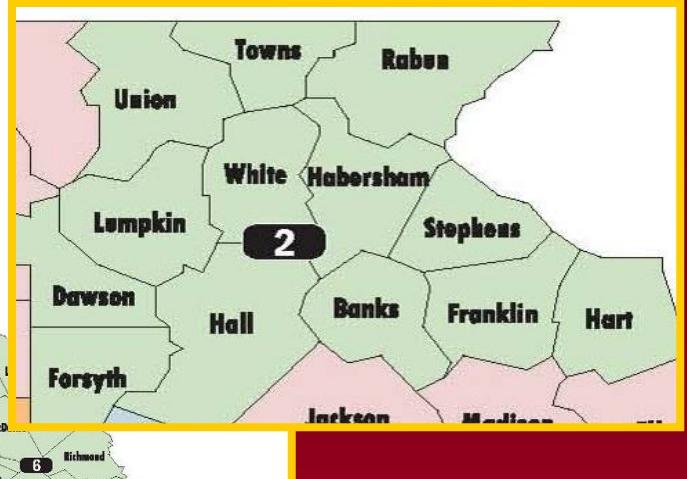
FORCE HEALTH PROTECTION CONFERENCE

DEPLOYING THE RESERVE COMPONENT FORCE AUGUST 2006

IMA Commander, Reserve Affairs, DENCOM



Public Health Districts in **GEORGIA**



FY06 AGES 4-5 24% CL 3



U.S. Army Dental Command



AC & RC DENTAL COMMAND AND UNIT LOCATIONS

U.S. Army Dental Command



"THE ARMY"



COMPO 1

Active Army

- Active Component
- Owned by Federal Government
- Controlled by President
- Federal Mission

COMPO 2

Army Guard

- Reserve Component
- Owned by State Governments
- Controlled by Governor
- Can Easily be Federalized
- Dual Missioned - Federal and State
- Federally equipped and

COMPO 3

Army Reserve

- Reserve Component
- Owned by Federal Government
- Controlled by President
- Federal Mission

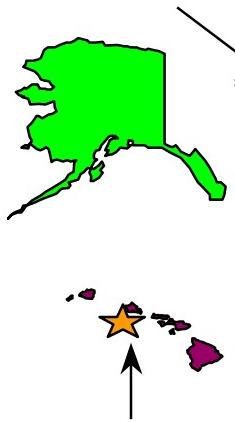
U.S. Army Dental Command

equipped and



COMPO ONE REGIONAL DENTAL COMMANDS (RDCs)

WESTERN RDC



MAMC (Ft Lewis)

Ft Irwin
Presidio
Ft Richardson
Ft Wainwright

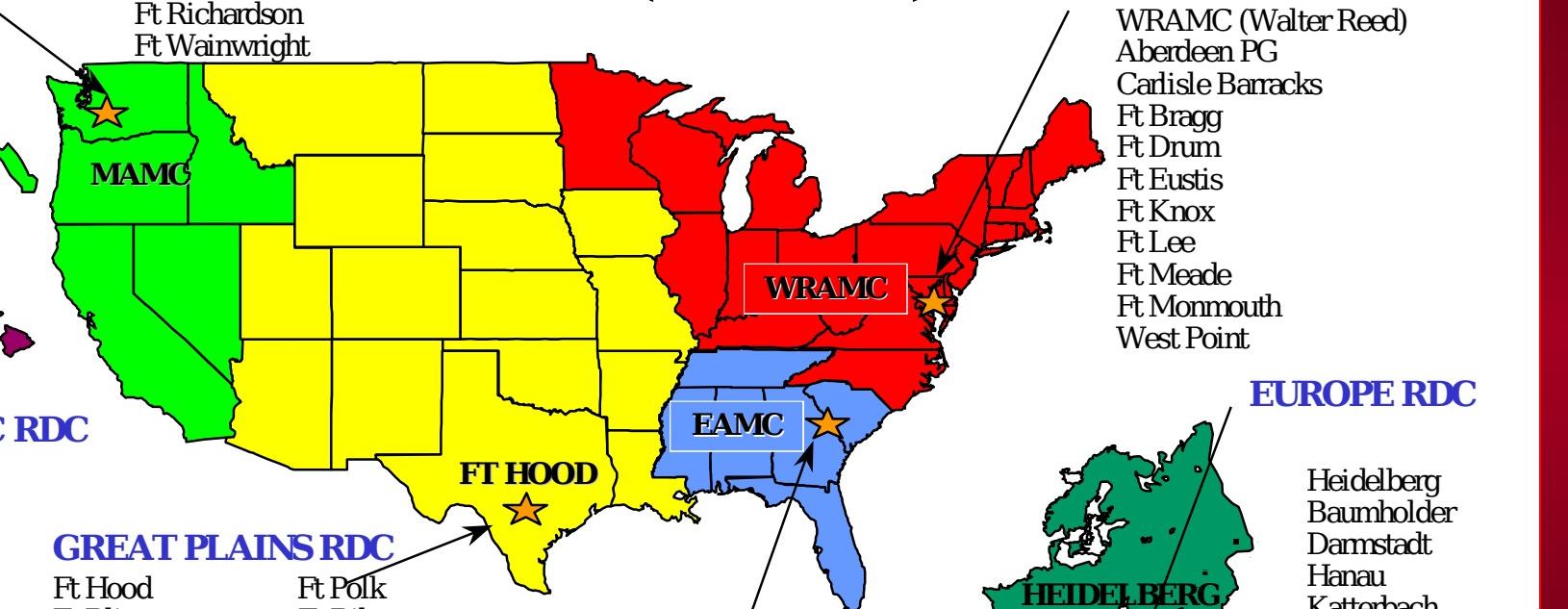
MAMC

PACIFIC RDC

TAMC
Japan
Korea

GREAT PLAINS RDC

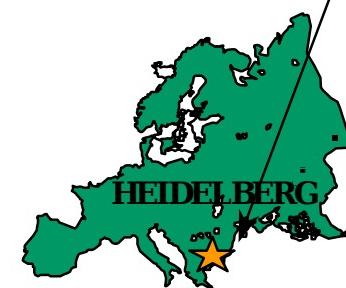
Ft Hood
Ft Bliss
Ft Carson
Ft Huachuca
Ft Leavenworth
Ft Leonard Wood
Ft Polk
Ft Riley
Ft Sam Houston
Ft Sill
White Sands MR



NORTH ATLANTIC RDC

WRAMC (Walter Reed)
Aberdeen PG
Carlisle Barracks
Ft Bragg
Ft Drum
Ft Eustis
Ft Knox
Ft Lee
Ft Meade
Ft Monmouth
West Point

EUROPE RDC



Heidelberg
Baumholder
Darmstadt
Hanau
Katterbach
Landstuhl
Shape
Stuttgart
Vicenza
Vilseck
Wiesbaden
Wurzberg

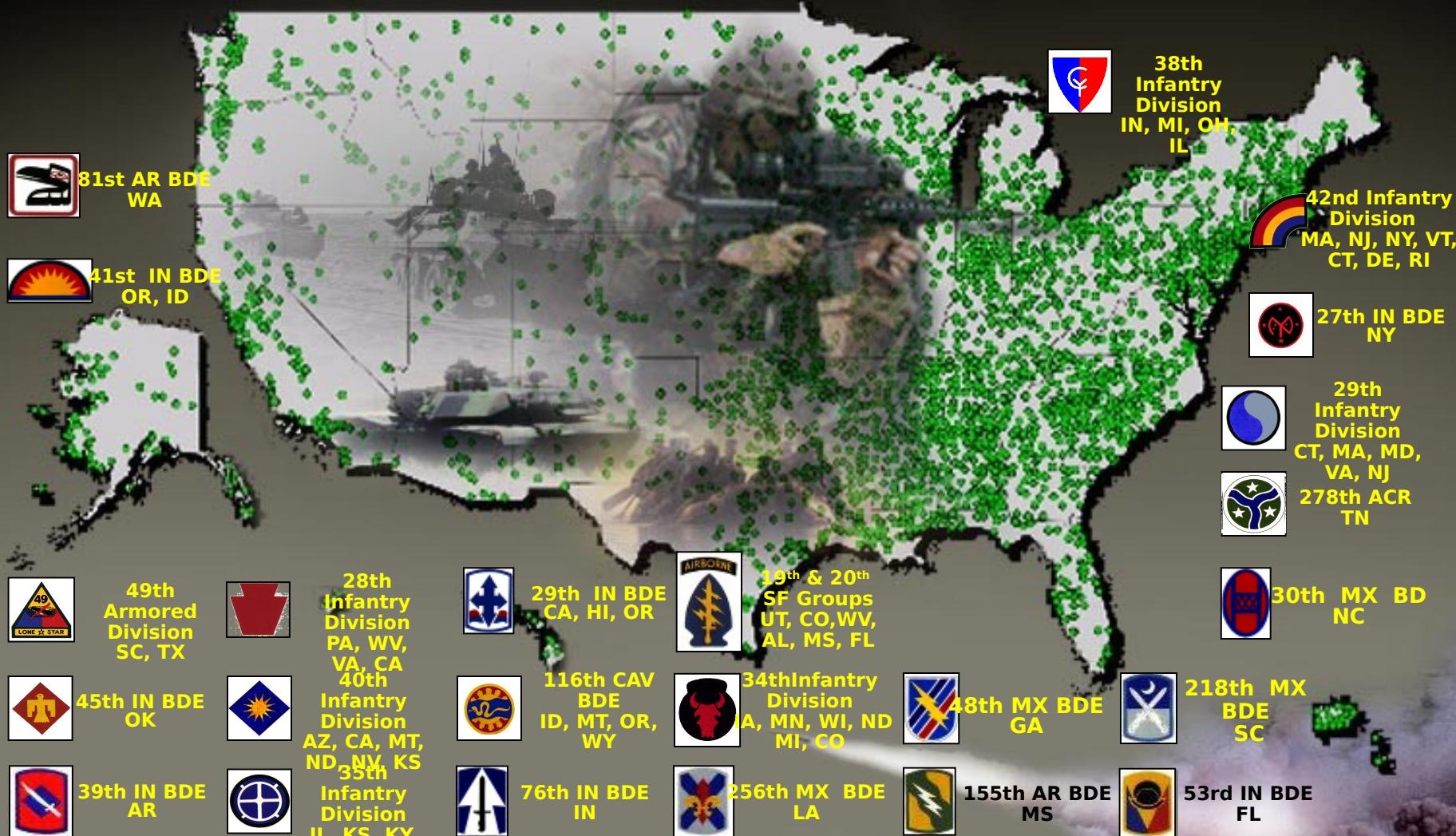
SOUTHEAST RDC (Includes Puerto Rico)

EAMC (Ft Gordon)
Ft Stewart
Red Stone Arsenal
Ft Jackson
Ft McPherson
Ft Benning
Ft Campbell
Ft Rucker



Dispersion of NG Units

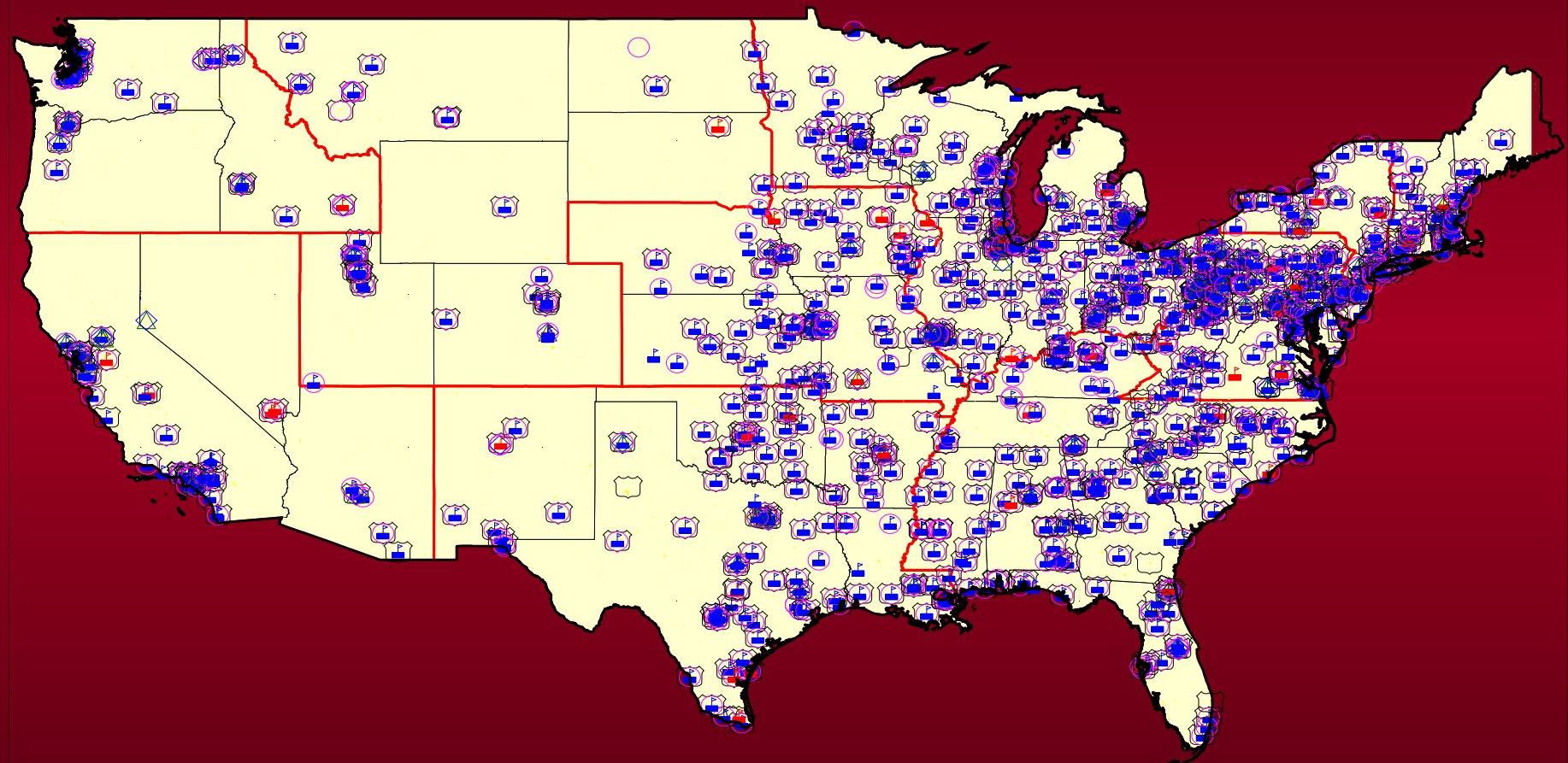
A Reflection of America



U.S. Army Dental Command



US Army Reserve Center



U.S. Army Dental Command



**RC PRE-
MOBILIZATION
DENTAL READINESS
REQUIREMENTS**

✓ MILITARY DENTAL RECORD

IE, FIRST NAME (pen)
[REDACTED]
[REDACTED]

ALPHABETICAL AND
TERMINAL DIGIT FILE FOR

PATIENT IDENTIFICATION

TREATMENT RECORD

For use of this form, see AFM 40-66; the proponent agency is OTSG.

NOTE TO PHYSICIAN:

- Medical Condition (*Medical Warning Tag*)
- Personnel Reliability Program (*Screening*)
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

TYPE OF RECORD:

- Inpatient (*Clinical*)
- Outpatient Treatment
- Health
- [REDACTED] - Dental
- Dental (*Non-Military*)
- ADAOCP OMR
- Civilian Employee Medical Record

IF FOUND RETURN TO:
ANY U.S. POST OFFICE

POSTMASTER - FORWARD TO:
Department of the Army
Office of the Surgeon General
Washington, D.C. 20310-3017

DA FORM 3444 MAY 91

EDITION OF 1 JAN 79 WILL BE USED UNTIL EXHAUSTED

ONE ARMY ONE ANNUAL EXAM STANDARD AR 40-501, 10-27 FEB 2005



- CODE D0120, PERIODIC ORAL EVALUATION**
 - PERFORMED WITH MIRROR, EXPLORER & PROBE**
 - SUPPORTING RADIOGRAPHS (BWXs/PAs)**
 - PERIODONTAL SCREENING (i.e., PCD)**

DENTAL CLASS 1 OR 2 = “GO” DEPLOYMENT

- Dental Class 1 - Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
- Dental Class 2 - Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated, (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).



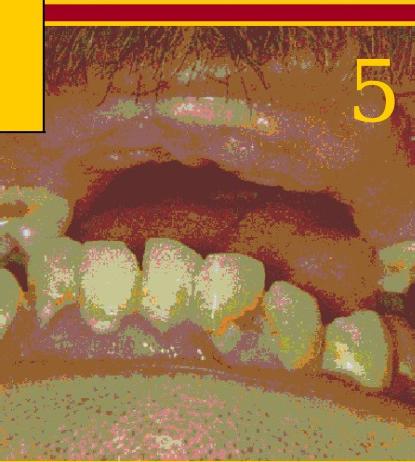
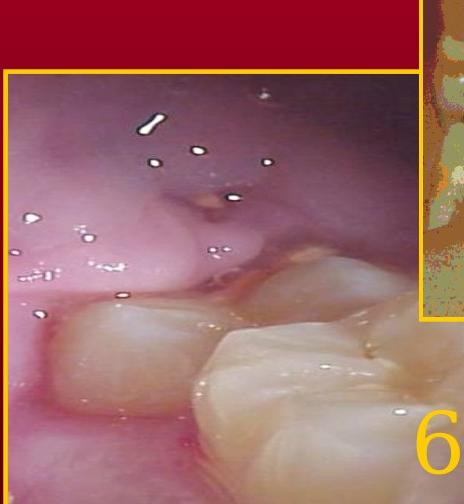
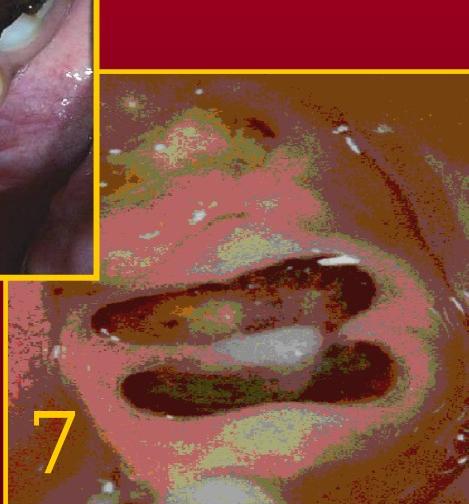
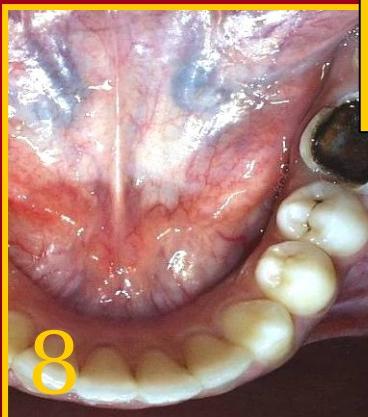
DENTAL CLASS 3 OR 4 = “NO GO” DEPLOYMENT STANDARD

- **Dental Class 3** - Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated.
- **Dental Class 4** - Patient requires a current examination in order to determine if they are Class 1, 2 or 3. A current examination is one that has taken place within 365 days of the deployment processing date.





DENTAL CLASS 3 CONDITIONS



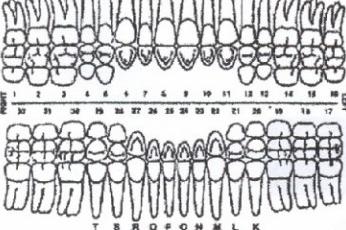
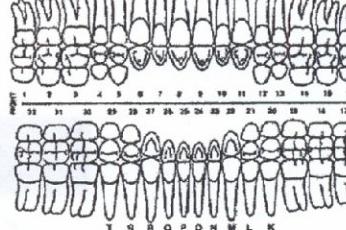
Wisdom Teeth:

Patient is 19 years old, gives no history of symptoms.
Periodontal probing reveals no oral communication
with # 17.

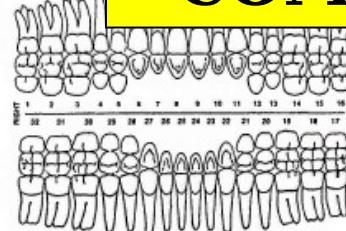
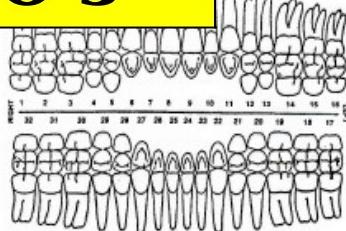


EXAM DOCUMENTATION STANDARDS

COMPO 2

SECTION II. CHARTS			
B. RESTORATIONS AND TREATMENT PLANS			
			
REMARKS	REMARKS Class 3/2 dental needs identified in block 10 below		
10. SERVICES PROVIDED			
DATE	SYMPOTMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS	
13 DEC 2005	Class 3 Dental Needs Tooth: 1; Amalgam-One Surface(D2140); L Tooth: 14; Orthodontic Retention(D8880); >—? Tooth: 15; Orthodontic Retention(D8880); Tooth: 16; Amalgam-One Surface(D2140); L Tooth: 17; Amalgam-One Surface(D2140); L Tooth: 32; Amalgam-One Surface(D2140); L		
Class 2 Dental Needs No Services Prescribed			
Remarks:			
PERIODIC ORAL EVALUATION		Dental Classification: 3	
BP <u>120 / 75</u>	PSR		
BWX <u>13 DEC 2005</u>	PAX <u>13 DEC 2005</u>	PANX <u>13 DEC 2005</u>	
SOFT TISSUE WNL: Yes <input checked="" type="checkbox"/>	1	2	1
CARIES RISK: Low Mod <input checked="" type="checkbox"/>	1	1	2
TOBACCO: No Smoke Chew Both			
PATIENT'S NAME: HOWARD ETHAN ALLEN			
FORM 20150010			

COMPO 3

SECTION II. CHARTS			
B. RESTORATIONS AND TREATMENT PLANS			
			
REMARKS	REMARKS List Class 3 Conditions Only		
(Continue in Section 10)			
10. SERVICES PROVIDED			
DATE	SYMPOTMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS	
PERIODIC ORAL EVALUATION		FEDS_HEALTH EXAM SITE	
BP _____	PAX _____	PANX _____	PSR
BWX _____			
SOFT TISSUE WNL: Yes/No	<input type="checkbox"/>		
CARIES RISK: Low Mod High			
TOBACCO: No Smoke Chew Both			
Class 3 Conditions (Continued from Section 9)			
Non-Class 3 Remarks			
<div style="border: 1px solid black; padding: 5px;">(Signature)</div> <div style="border: 1px solid black; padding: 5px;">(Printed or Stamped Name)</div>			
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		PATIENT'S NAME (Last, First, Middle Initial) SEX	
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT STATUS	DEPARTMENT/SERVICE
SPONSOR'S NAME		RANK/GRADE	
SSN OR IDENTIFICATION NO		ORGANIZATION	
EXCEPTION TO SF 603A LAWRENCE B. GRIFFIN, DMD			
Standard Form 603A (10-75)			

DD FORM

2013

Private, non-Government contracted dentists must document annual exam results on DD2813.

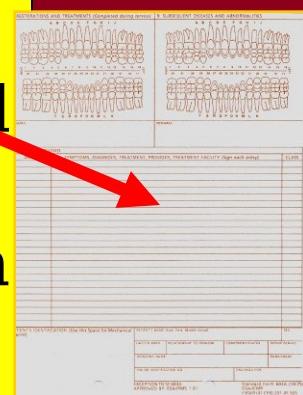
DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION		
The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Infrastructure, Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a civil or criminal penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.		
PRIVACY ACT STATEMENT		
AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397.		
PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.		
1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)		
4. UNIT OF ASSIGNMENT		
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard member needs your assessment of his/her dental health for the condition of the member, using as a suggested minimum radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care intended to address the member's comprehensive dental needs.		
<p>(1) Patient has good oral health and is not expected to require treatment within 12 months.</p> <p>(2) Patient has some oral conditions, but you do not expect them to require treatment within 12 months if not treated (i.e., requires prophylaxis, edentulous areas not requiring immediate prosthetic treatment).</p> <p>(3) Patient has oral conditions that you do expect to require treatment within 12 months.</p> <p>Examples of such conditions are: (X the applicable boxes)</p> <p>(a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.</p> <p>(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.</p> <p>(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.</p> <p>(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease.</p> <p>(e) Oral Surgery: Unerupted, partially erupted teeth or symptoms of pathosis that are recommended for surgical intervention.</p> <p>(f) Other: Temporomandibular disorders or mouth breathing.</p> <p>(4) If you selected Block (3) above, please circle the conditions you expect to require treatment within 12 months and describe the condition(s) below:</p> <p>(5) Were X-rays consulted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
7. DENTIST'S NAME (Last, First, Middle Initial)		
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)		
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		

DD FORM 2813, MAR 2003

PREVIOUS EDITIONS ARE OBSOLETE



Military and government contracted dentists must document annual exam results on the Army SF603A form.



DD2813 DOCUMENTATION

1) DRC
box
1,2, or 3

2) DRC 3

conditio
ns

3) X-rays
consulted
& dated

U.S. Army Den

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.

(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
(2) Patient has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
(3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)

(a) Infections: Acute oral infections, pulpal or peripapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
(e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathology that are recommended for removal.
(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

Were X-rays consulted? YES NO IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)

7. DENTIST'S NAME (Last, First, Middle Initial)

8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)

9. DENTIST'S TELEPHONE NUMBER (Include Area Code)

10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER

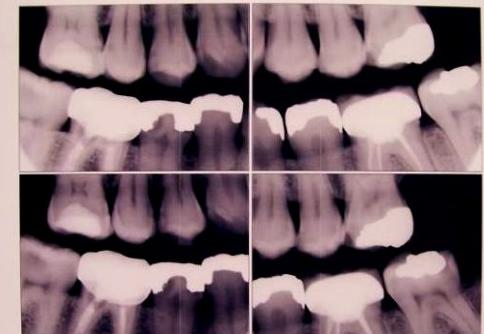
11. DATE OF EXAMINATION (YYYYMMDD)

DD FORM 2813 MAR 2003 PREVIOUS EDITION MAY BE USED

4) Civilian
dentist info
legible &
completed

5) Exam
date is
<365 days
old

RADIOGRAPHIC STANDARDS



D-DINPACS



Click to view X-Rays
To begin your x-ray search, click on the image above.

PANO STANDARDS

BWX STANDARDS

AC/RC
REPOSITORIES

RC DENTAL READINESS SYSTEM

ARNG DENTAL



**ARNG LOCAL
CONTRACT
PROVIDERS**



**FEDS_HEA
L**



**SOLDIER'S PRIVATE
CIVILIAN DENTIST**

Unit Commander initiates

UA issues TX vouchers

dental readiness system

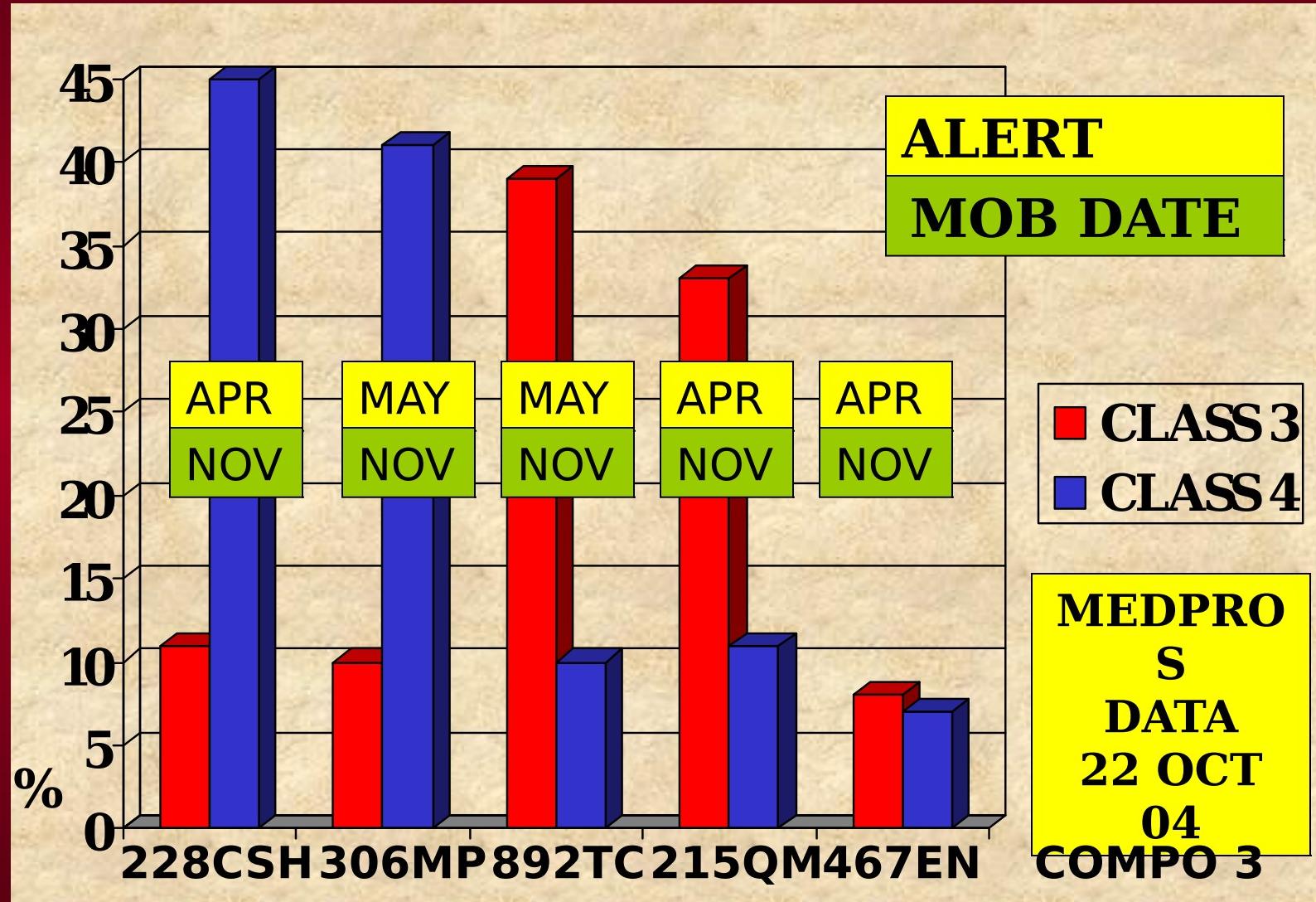
RC CITIZEN SOLDIER

zed

**S
R
P**

U.S. Army Dental Command

ARE RC CDRs INITIATING THE DENTAL READINESS SYSTEM?



Pre-Mobilization Priorities: Complete Prior to Mob Platform

SRP

- 1) Complete military dental record.**
- 2) Current and correctly documented annual exam that meets the standards. This includes acceptable DD2813s. Includes required radiographs.**
- 3) Determine non-deployable REFRAD cases and do not send to mobilization platform**
- 4) Do oral surgery cases first to allow for healing prior to mobilization date.**
- 5) Complete 1 or 2 appointment CL3 treatment cases, then shift to intensive care cases.**



OPERATION OF SRP DENTAL STATIONS: MILITARY/CIVILIAN PROCESSING

U.S. Army Dental Command

PERSONNEL CATEGORIES PROCESSING THROUGH THE ARMY DENTAL STATION

- Reserve Components**

- Army**
- Air Force**
- Navy/Marine**



- Active Components**

- Army**
- Air Force**
- Navy/Marine**

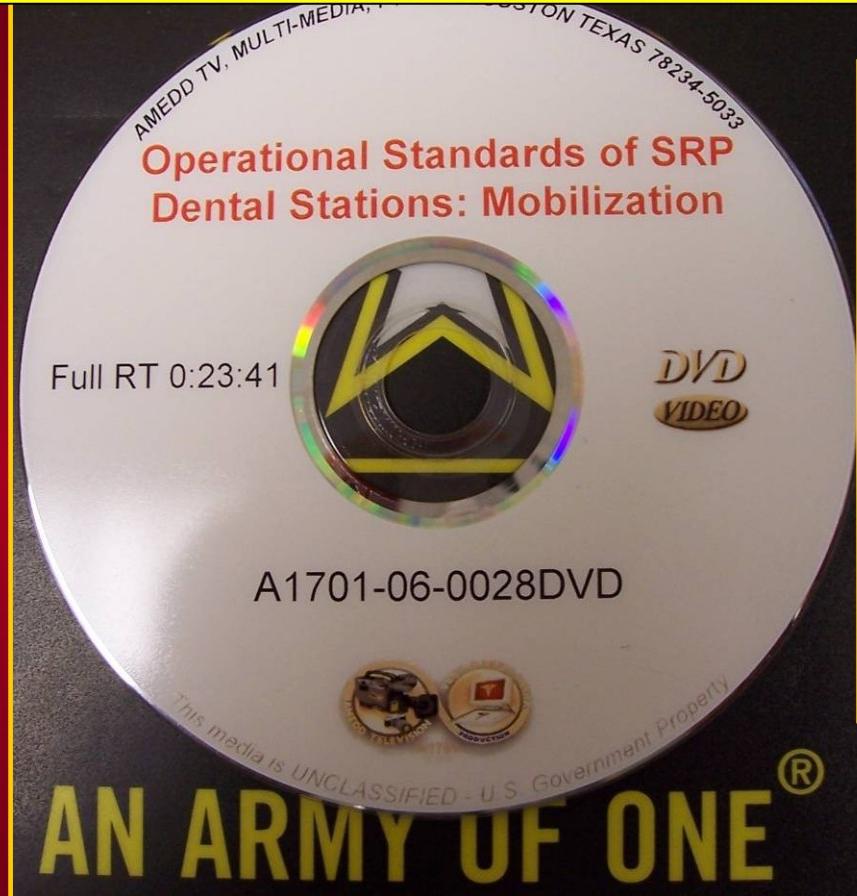


- Civilian Components**

- DoD Employees**
- DoD Contractors**



MATERIAL WEAKNESS: STAFF HAS NEVER VIEWED SRP DENTAL STATION OPERATIONAL STANDARDS DVD/PPT UPDATE.



U.S. Army Dental Command

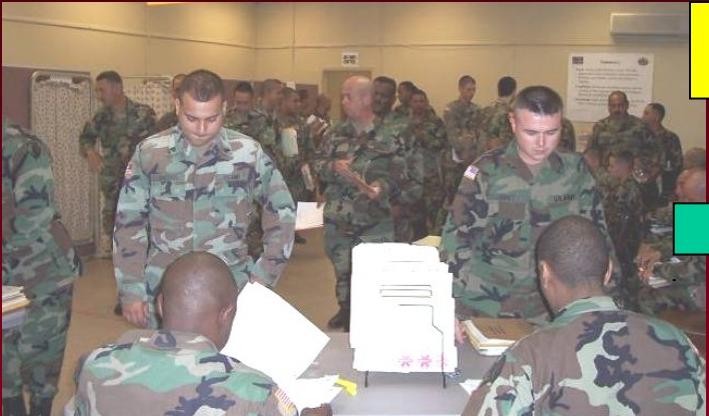


SRP DENTAL STATION OPERATIONAL STANDARDS:
NEW CHANGES JUNE 2006
POC: COL Mark Bodenheim

IMA Commander, Reserve Affairs, DENCOM
PH 210-221-8865, mark.bodenheim@us.army.mil

REMEDY: "JUST DO IT!"

U.S. Army Dental Command



1



1

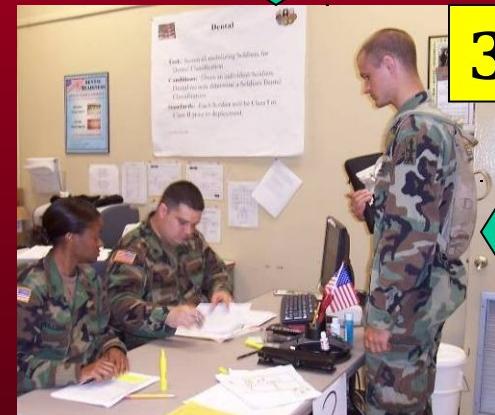
~~THE~~ Record Scrub **PROCESSING STEPS:**

- 1. Record scrub**
Record review
- 2. Exam**
Radiographs
Class 3
Treatment
- 3. Dental**
Readiness Data
Entry

Record Review

Initial “GO”

Initial “NO GO”



3

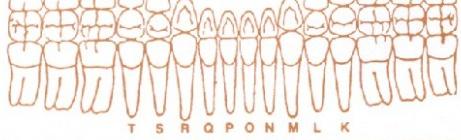


2

Data Entry

Exam/x-rays/CL3 t

SRP Dental Station SF603 Documentation

																																																																																																																																
REMARKS		REMARKS																																																																																																																														
D. SERVICES PROVIDED <table border="1"> <thead> <tr> <th>DATE</th> <th colspan="3">SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)</th> <th>CLASS</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="3">RC/CRC SRP MOBILIZATION RECORD SCRUB</td> <td>FT. BRAGG, NC</td> </tr> <tr> <td></td> <td colspan="3">RECORD IS MISSING: [] EXAM (SF603A/DD2813) [] BWX [] PANX</td> <td></td> </tr> <tr> <td></td> <td colspan="3">VERIFIED IN REPOSITORY: [] EXAM (SF603A/DD2813) [] BWX [] PANX</td> <td></td> </tr> <tr> <td></td> <td colspan="3">RC/CRC SRP MOBILIZATION RECORD REVIEW</td> <td>FT. BRAGG, NC</td> </tr> <tr> <td></td> <td colspan="3">[] GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD _____ / _____ [] DD2813-DATED 20 _____ / _____ / _____ IS CLASS _____ (yy) (mm) (dd) (yy)</td> <td></td> </tr> <tr> <td></td> <td colspan="3">[] NO GO --> ORDERED: [] 00120 EXAM [] BWX [] PANX [] PAX _____</td> <td></td> </tr> <tr> <td></td> <td colspan="3">Stamped Dentist Name & Initials _____</td> <td></td> </tr> <tr> <td></td> <td colspan="3">RC/CRC-SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC</td> <td></td> </tr> <tr> <td></td> <td colspan="3"># TAKEN: [] BWX [] PANX [] PAX</td> <td></td> </tr> <tr> <td></td> <td colspan="3">Stamped Technician Name & Initials _____</td> <td></td> </tr> <tr> <td></td> <td colspan="3">RC/CRC SRP MOBILIZATION EXAM (00120)</td> <td>FT. BRAGG, NC</td> </tr> <tr> <td></td> <td>BP _____ / _____</td> <td>PSR</td> <td></td> <td></td> </tr> <tr> <td></td> <td>REVIEWED: BWX _____ PANX _____ PAX _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SOFT TISSUE WNL: YES / NO</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CARIES RISK: LOW MEDIUM HIGH</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TOBACCO: NO SMOKES CHEW BOTH</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Stamped Dentist Name & Initials _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)</td> <td colspan="2">PATIENT'S NAME (Last, First, Middle Initial)</td> <td>SEX</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="2">DATE OF BIRTH</td> <td>RELATIONSHIP TO SPONSOR</td> <td>COMPONENT/STATUS</td> <td>DEPARTMENT/SERVICE</td> </tr> <tr> <td colspan="2">SPONSOR'S NAME</td> <td colspan="3">RANK/GRADE</td> </tr> <tr> <td colspan="2">SSN OR IDENTIFICATION NO</td> <td colspan="3">ORGANIZATION</td> </tr> <tr> <td colspan="5">EXCEPTION TO SF 603A APPROVED BY GSA/IRMS 1-91</td> </tr> <tr> <td colspan="5">Standard Form 603A (10-75) GSA/ICMR FIRM (41 CFR) 201-45 505</td> </tr> </tbody> </table>				DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)			CLASS		RC/CRC SRP MOBILIZATION RECORD SCRUB			FT. BRAGG, NC		RECORD IS MISSING: [] EXAM (SF603A/DD2813) [] BWX [] PANX					VERIFIED IN REPOSITORY: [] EXAM (SF603A/DD2813) [] BWX [] PANX					RC/CRC SRP MOBILIZATION RECORD REVIEW			FT. BRAGG, NC		[] GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD _____ / _____ [] DD2813-DATED 20 _____ / _____ / _____ IS CLASS _____ (yy) (mm) (dd) (yy)					[] NO GO --> ORDERED: [] 00120 EXAM [] BWX [] PANX [] PAX _____					Stamped Dentist Name & Initials _____					RC/CRC-SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC					# TAKEN: [] BWX [] PANX [] PAX					Stamped Technician Name & Initials _____					RC/CRC SRP MOBILIZATION EXAM (00120)			FT. BRAGG, NC		BP _____ / _____	PSR				REVIEWED: BWX _____ PANX _____ PAX _____					SOFT TISSUE WNL: YES / NO					CARIES RISK: LOW MEDIUM HIGH					TOBACCO: NO SMOKES CHEW BOTH					Stamped Dentist Name & Initials _____				PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		PATIENT'S NAME (Last, First, Middle Initial)		SEX						DATE OF BIRTH		RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPARTMENT/SERVICE	SPONSOR'S NAME		RANK/GRADE			SSN OR IDENTIFICATION NO		ORGANIZATION			EXCEPTION TO SF 603A APPROVED BY GSA/IRMS 1-91					Standard Form 603A (10-75) GSA/ICMR FIRM (41 CFR) 201-45 505				
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	RC/CRC SRP MOBILIZATION RECORD REVIEW			FT. BRAGG, NC																																																																																																																												
	[] GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD _____ / _____ [] DD2813-DATED 20 _____ / _____ / _____ IS CLASS _____ (yy) (mm) (dd) (yy)																																																																																																																															
	[] NO GO --> ORDERED: [] 00120 EXAM [] BWX [] PANX [] PAX _____																																																																																																																															
	Stamped Dentist Name & Initials _____																																																																																																																															
	RC/CRC-SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC																																																																																																																															
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	Stamped Technician Name & Initials _____																																																																																																																															
	RC/CRC SRP MOBILIZATION EXAM (00120)			FT. BRAGG, NC																																																																																																																												
	BP _____ / _____	PSR																																																																																																																														
	REVIEWED: BWX _____ PANX _____ PAX _____																																																																																																																															
	SOFT TISSUE WNL: YES / NO																																																																																																																															
	CARIES RISK: LOW MEDIUM HIGH																																																																																																																															
	TOBACCO: NO SMOKES CHEW BOTH																																																																																																																															
	Stamped Dentist Name & Initials _____																																																																																																																															
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		PATIENT'S NAME (Last, First, Middle Initial)		SEX																																																																																																																												
DATE OF BIRTH		RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPARTMENT/SERVICE																																																																																																																												
SPONSOR'S NAME		RANK/GRADE																																																																																																																														
SSN OR IDENTIFICATION NO		ORGANIZATION																																																																																																																														
EXCEPTION TO SF 603A APPROVED BY GSA/IRMS 1-91																																																																																																																																
Standard Form 603A (10-75) GSA/ICMR FIRM (41 CFR) 201-45 505																																																																																																																																

Record Scrub

Record Review

Document x-rays taken

Document 00120 exam

U.S. Army Dental Com:

RC "INITIAL CLASS IN" CDA DATA

REPORTS HOW RC PRESENTED TO SRP DENTAL STATION

AUTOMATIC DATA FEEDS TO MEDPROS AND DARTS

Initial "Go" RC Soldier
The Soldier presents a dental record that meets the initial "Go" standard.

DENTAC UIC: W3U534 - FT Rucker	Clinic: Camp Shelby Dental Cli
Soldier SSII: 123 45 6789	Provider: Select a provider...
Soldier Name: ADAMS JOHN	Record Review Date: 7/29/2005
<input type="checkbox"/> 00119 - RC Dental Record Meets Initial "Go" Standard <input type="checkbox"/> Pano in Record Verified Date of Exam in Record: <input type="text"/>	
DRC: <input checked="" type="radio"/> Class 1 <input type="radio"/> Class 2	
<input type="checkbox"/> Submit Go <input type="button"/> Submit Go Soldier <input type="button"/> Reset	

Initial "No Go" RC Soldier
The Soldier requires an exam/radiograph to determine initial DRC.

DENTAC UIC: W3U534 - FT Rucker	Clinic: Camp Shelby Dental Cli
Soldier SSII: 123 45 6789	Provider: BISCH FREDERICK CHARLES
Soldier Name: ADAMS JOHN	SRP Exam Date: 7/29/2005
<input type="checkbox"/> 00120 - Soldier Received Annual Exam <input type="checkbox"/> 00140 - Soldier Received Limited Exam <input type="checkbox"/> Pano in Record Verified	
DRC: <input type="radio"/> Class 2 <input checked="" type="radio"/> Class 3	
Soldier Received radiographs: <input type="checkbox"/> 00272 - 2x BWX <input type="checkbox"/> 00274 - 4x BWX <input type="checkbox"/> 00330 - Pano	

Reserve Components Mobilization Module



Reserve Components Mobilization Module. SRP Initial Class In.

Record Scrub: Check for missing documents



Welcome COL BODENHEIM Logoff | Tutorials | Online Help

Soldier Name: BODENHEIM MARK BF
Component: Army Reserve

Record Review Date: 6/19/2006

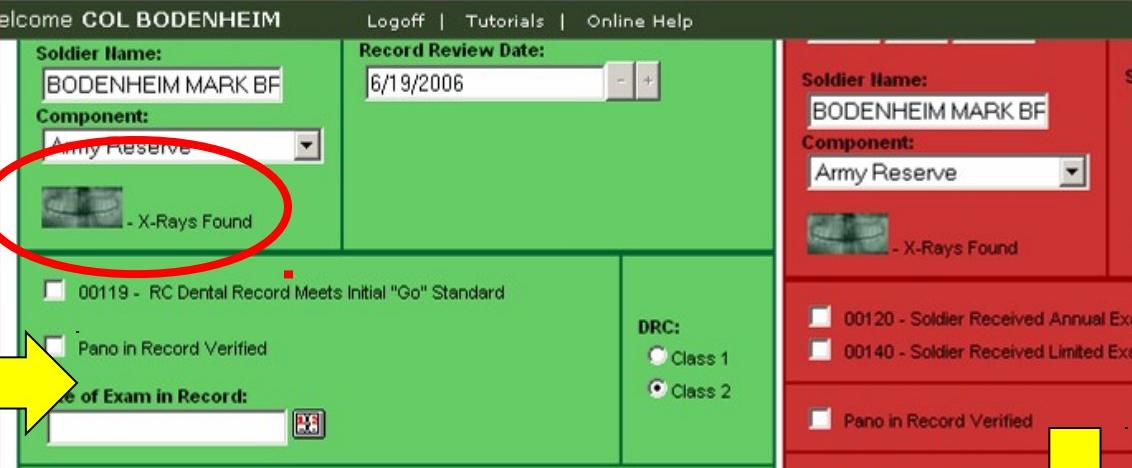
- X-Rays Found

00119 - RC Dental Record Meets Initial "Go" Standard

Pano in Record Verified

DATE OF EXAM IN RECORD:

DRC:
 Class 1
 Class 2



VIDEO

SYMPOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)

RC/CRC SRP MOBILIZATION RECORD SCRUB FT. BRAGG, NC

RECORD IS MISSING: EXAM (SF603A/DD2813) BWX PANX

VERIFIED IN REPOSITORY: EXAM (SF603A/DD2813) BWX PANX

RC/CRC SRP MOBILIZATION RECORD REVIEW FT. BRAGG, NC

GO (00119) DATE OF VALID PRE-MOB EXAM IN RECORD ____ / ____ / ____
(mm) (dd) (yy)

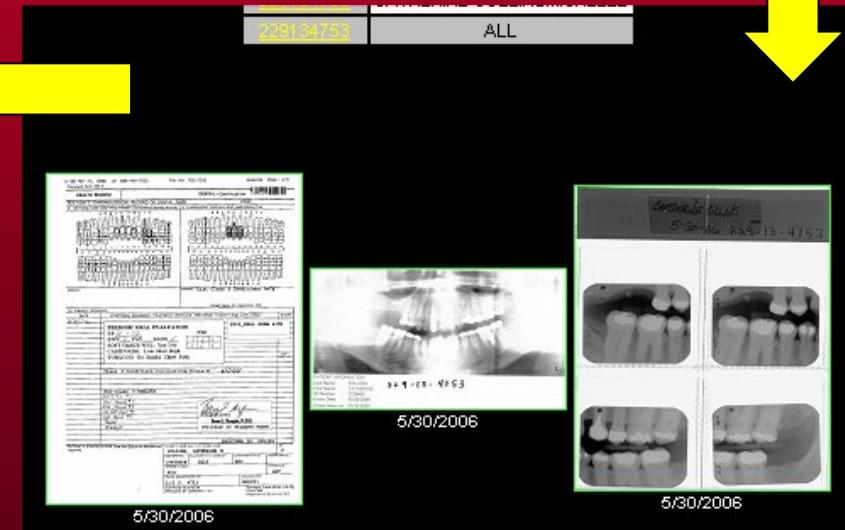
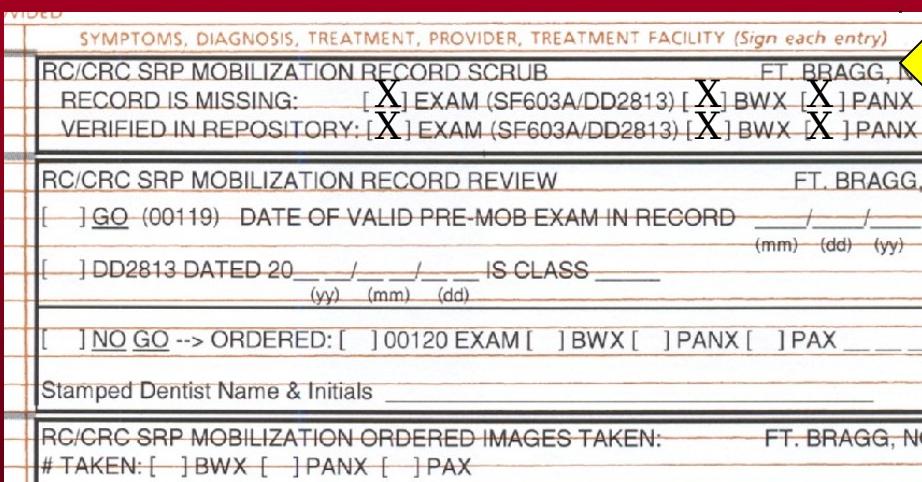
DD2813 DATED 20 ____ / ____ / ____ IS CLASS ____
(yy) (mm) (dd)

NO GO --> ORDERED: 00120 EXAM BWX PANX PAX ____

Stamped Dentist Name & Initials _____

RC/CRC SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC

TAKEN: BWX PANX PAX



Record Review: Dentist Determines GO or NO GO



REVIEWED _____
SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)

RC/CRC SRP MOBILIZATION RECORD SCRUB FT. BRAGG, NC
RECORD IS MISSING: [] EXAM (SF603A/DD2813) [] BWX [] PANX
VERIFIED IN REPOSITORY: [] EXAM (SF603A/DD2813) [] BWX [] PANX

RC/CRC SRP MOBILIZATION RECORD REVIEW FT. BRAGG, NC
[] GQ (00119) DATE OF VALID PRE-MOB EXAM IN RECORD 6 / 9 / 06
(yy) (mm) (dd) (yy)

[] DD2813 DATED 20 ____ / ____ / ____ IS CLASS ____
(yy) (mm) (dd)

[] NO GO --> ORDERED: [] 00120 EXAM [] BWX [] PANX [] PAX

Stamped Dentist Name & Initials _____

RC/CRC SRP MOBILIZATION ORDERED IMAGES TAKEN: FT. BRAGG, NC
TAKEN: [] BWX [] PANX [] PAX
Signed _____ Date _____ N _____ S _____

GO RECORD

1. ANNUAL EXAM or DD Form 2813 MEETS STANDARDS
2. ANNUAL EXAM IS CURRENT (WITHIN 12 MONTHS)
3. PANX PRESENT & MEETS STANDARDS
4. BWXS PRESENT (DD2813 does not require these present)

REFRAD POLICY STANDARDS



If SM brought to mob station,
DENTAC will determine if deployable and REFRAD:

- Severe dental Class 3 conditions that require lengthy treatment & healing.
- Immediate complete or extensive partial dentures requiring months to years to heal.

Treatment & healing must occur before Soldier's LAD date.

SRP DENTAL STATION ONE ARMY- ONE STANDARD



U.S. Army Dental Command

DENCOM Web Page: www.dencom.army.mil

The screenshot shows the 'About Army Dental Care System - ADCS' page. It includes sections for 'Chief of US Army Dental Corp', 'Corporate Statement', 'History', 'Phone Directory', 'Dental Officer Directory', and 'AMSSUS 2005 Downloads - UPDATE!!'. Below this is the 'Dental Command' section, which lists 'DENCOM Commander', 'Email Comments to DENCOM Commander', 'Dencom Commander & Sergeant Major's Address to our Deployed Troops (.wmv 15Mb)', 'Class 3 Powerpoint (32 mb)', 'Mission/Vision', 'Health Promotion / Prevention', 'Policies', and 'Mobilization Dental Requirements'. A large red arrow points from the 'Mobilization Dental Requirements' link on the left towards the 'Processing' section on the right.

Mobilization Dental Requirements

The screenshot shows the 'MOBILIZATION DENTAL READINESS PROCESSING REQUIREMENTS' page. It includes links for 'Policy on Oral Health and Readiness, HA Policy 06-001', 'DENCOM Mobilization Dental Processing Requirements Policy 03-21', 'Pre-Mobilization Dental Readiness Requirements', 'DoD Contractor Dental Pre-Deployment Requirements', 'DoD Contractor Deployment Processing through Information Paper', and 'Memorandum - Government Contractor Dental Care'. Below this is the 'MILITARY DENTAL RECORD REQUIREMENTS' section, which lists 'AR 40-66, Medical (Dental) Record Administration and Health Care Documentation', 'The Army Military Dental Record Format', 'The Army Dental Care System Examination Forms', 'DENCOM SF603A Examination Form', 'DD Form 2813', 'How to Complete a DD Form 2813', and 'FEDS_HEAL SF603A Examination Form'. At the bottom is the 'PERIODIC DENTAL EXAMINATION' section, which lists 'Pre-Mobilization Dental Requirements Briefing', 'Frequency of Periodic Dental Examinations, HA Policy 98-021', and 'DoD guidelines, Periodic Dental Examination, Procedure Code D0120'. A yellow box on the right contains the word 'Processing' and another yellow box below it contains the word 'Record'. A third yellow box at the bottom right contains the text 'DD2813'.

ENCOM Web Page: www.dencom.army.mil

The screenshot shows the homepage of the Army Dental Care System (ADCS). At the top, there is a banner with the Army Dental Care System logo and some text. Below the banner, there are two main sections: 'About Army Dental Care System - ADCS' and 'Dental Command'. The 'Dental Command' section contains several links, including 'DENCOM Commander', 'Email Comments to DENCOM Commander', 'DENCOM Commander & Sergeant Major's Address to our Deployed Troops (.wmv 15Mb)', 'Class 3 Powerpoint (32 mb)', 'Mission/Vision', 'Health Promotion / Prevention', 'Policies', and 'Mobilization Dental Requirements'. A large red arrow points from the 'Mobilization Dental Requirements' link on the left towards the 'Exam' section on the right.

Mobilization Dental Requirements

U.S. Army Dental Command

PERIODIC DENTAL EXAMINATION

- [Pre-Mobilization Dental Requirements Briefing](#)
- [Frequency of Periodic Dental Examination](#)
- [DoD guidelines, Periodic Dental Examination](#)
- [DENCOM Annual Exam Policy 03-26](#)
- [Caries Risk Assessment Classification](#)
- [PSR-Periodontal Screening and Recording](#)
- **Dental Readiness Classification**
 - [Dental Readiness Classification Guidelines](#)
 - [HA Policy 02-011, Dental Readiness Classifications](#)
 - [Dental Readiness Classification Calibration Exercise](#)

Exam

PANOGRAPHIC AND SUPPORTING RADIOPHGRAPH REQUIREMENTS

- [Panographic Radiograph Requirements](#)
- [Supporting Radiograph Requirements](#)

Radiographs

DENTAL READINESS MEDPROS DATA

DENTAL CLASS 3 TREATMENT

- [FEDS HEAL](#)

MOBILIZATION REFRAID PROTOCOL

- [Dental](#)
- [Medical](#)

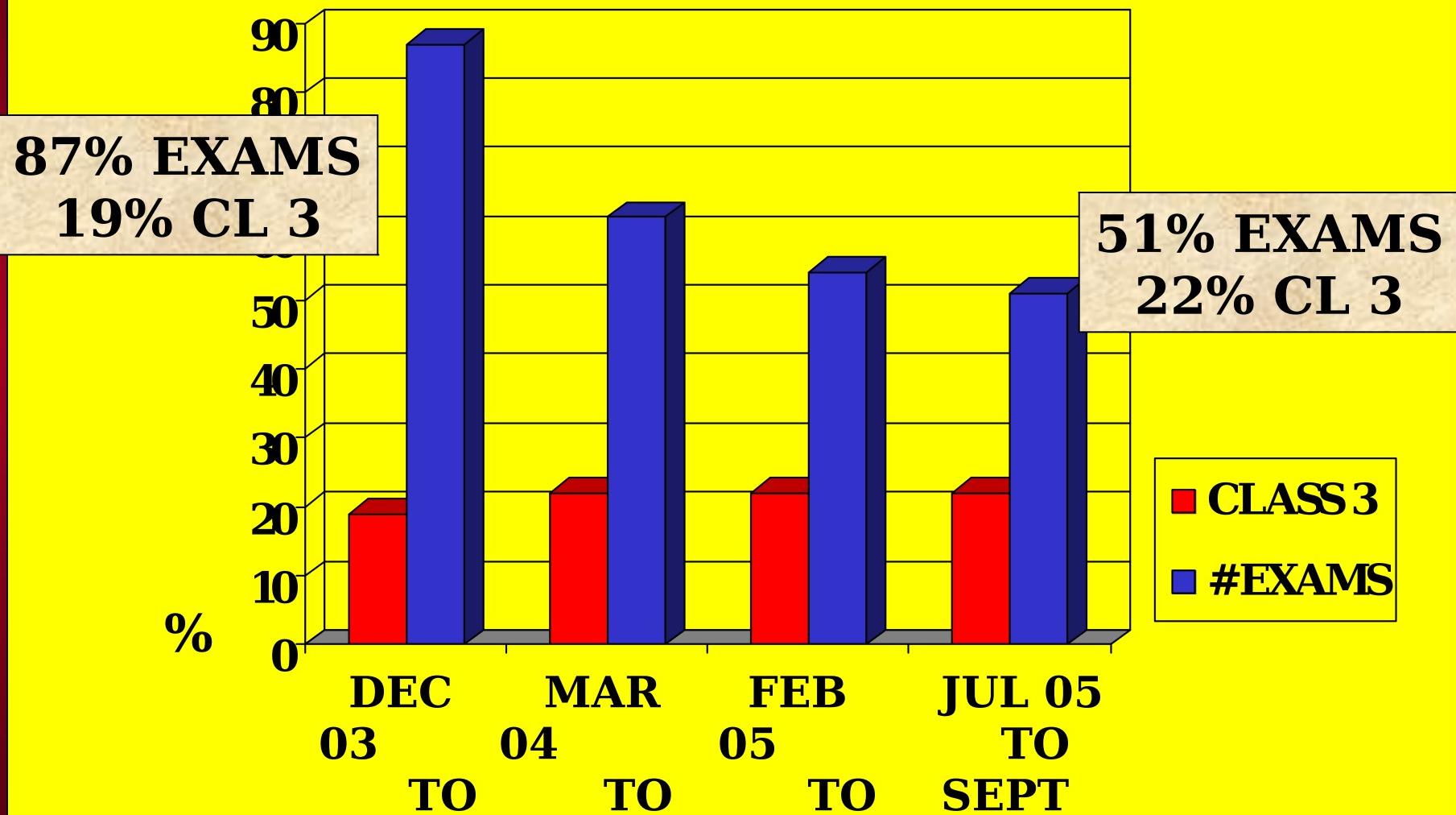
REFRAD



RC DENTAL READINESS STATISTICS AT MOBILIZATION SITES

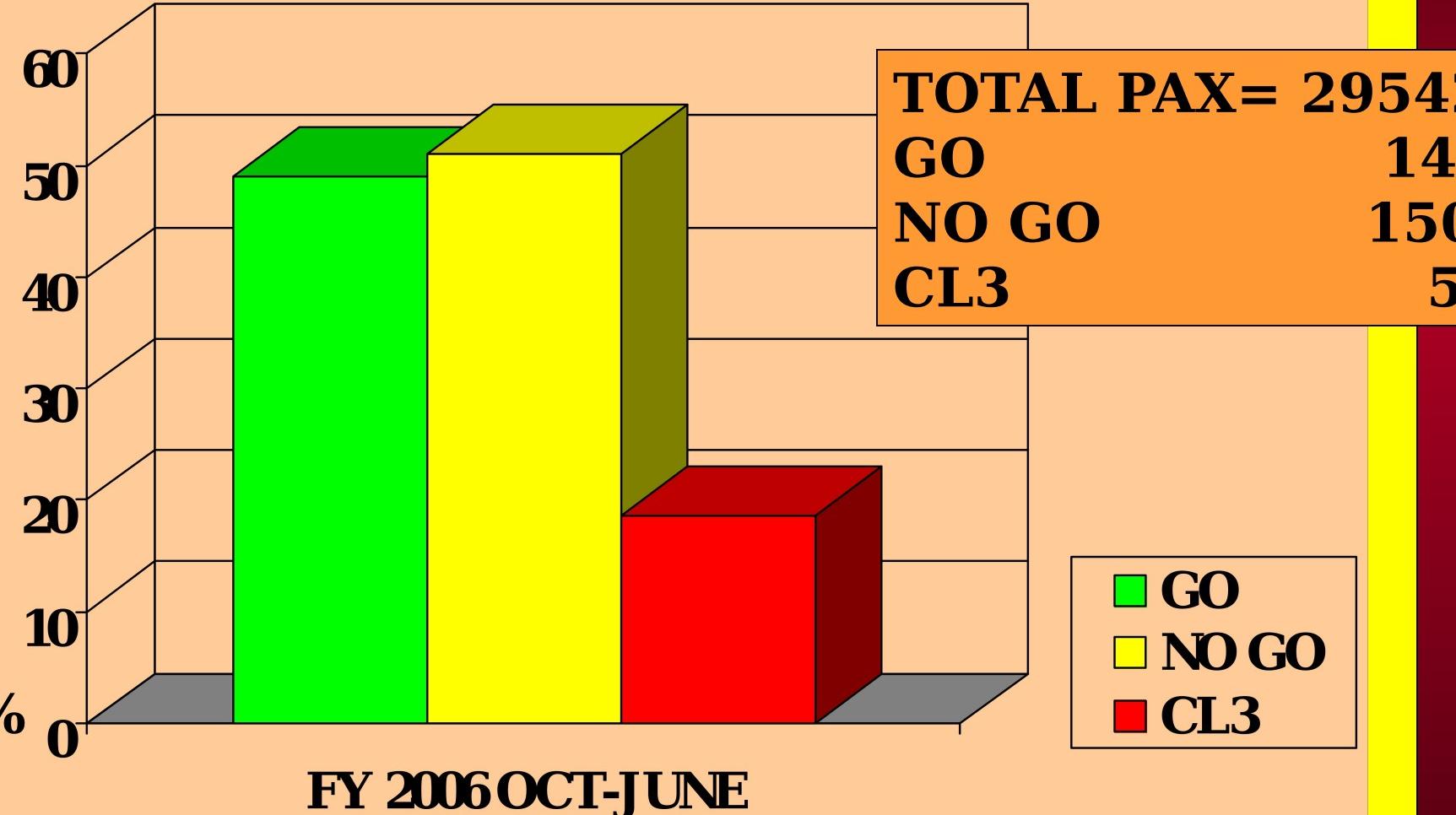
U.S. Army Dental Command

DENTAL READINESS OF RC REPORTING TO SRP DENTAL STATIONS



U.S. Army Dental Command
FEB 04 MAY 05

DENTAL READINESS OF ARNG/USAR REPORTING TO SRP DENTAL STATIONS



DEPLOYED SOLDIERS FROM DENCOM DTFs

**< 1.4% of RC Soldiers
deployed as CL3/4**

**# Deployed
CDA
Records
Reviewed
FY04**

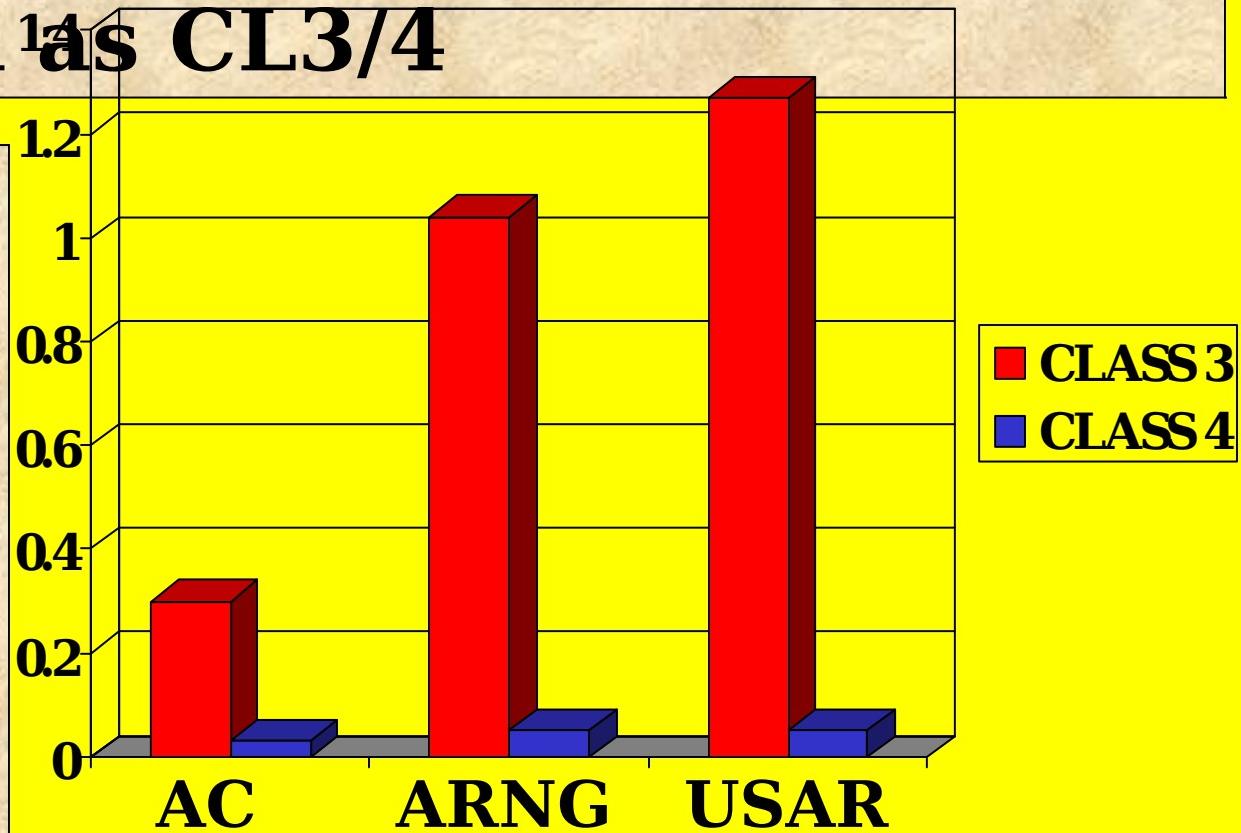
AC

34.9K

ARNG

26.5K

**U.S. Army Dental Command
13.1K**





DENTAL READINESS - CRUCIAL LINK TO THE BATTLEFIELD

U.S. Army Dental Command

RC DENTAL READINESS-WHY IS IT IMPORTANT?



**Dental Emergency Rate As A Function
Of
Dental Readiness Classification**
U.S. Army Dental Command 1994

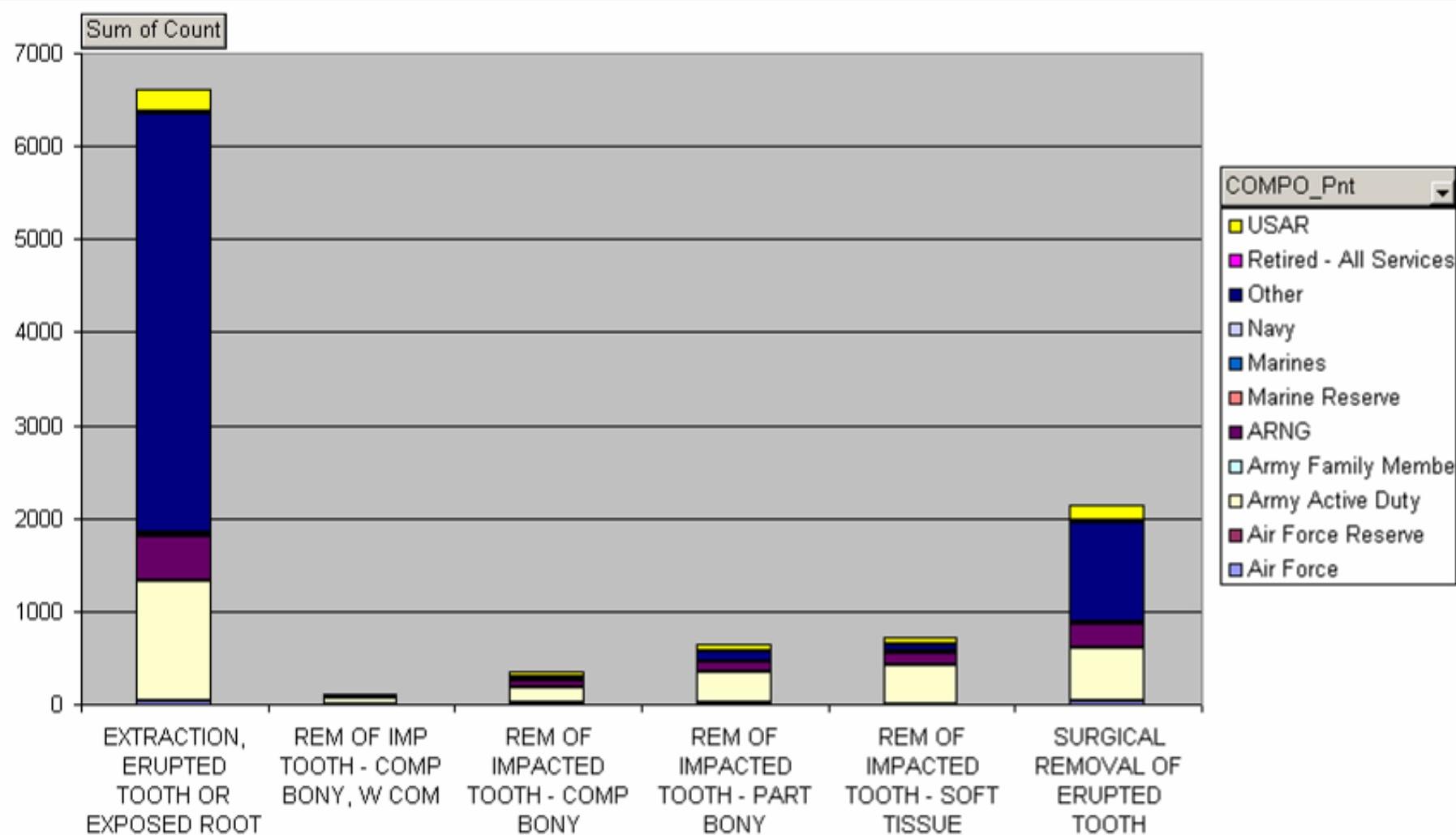
PREVENT DENTAL EMERGENCIES: DEPLOY IN DENTAL CLASS 1

**WAR TIME THEATRE
HAS LIMITED DENTAL
SERVICES**

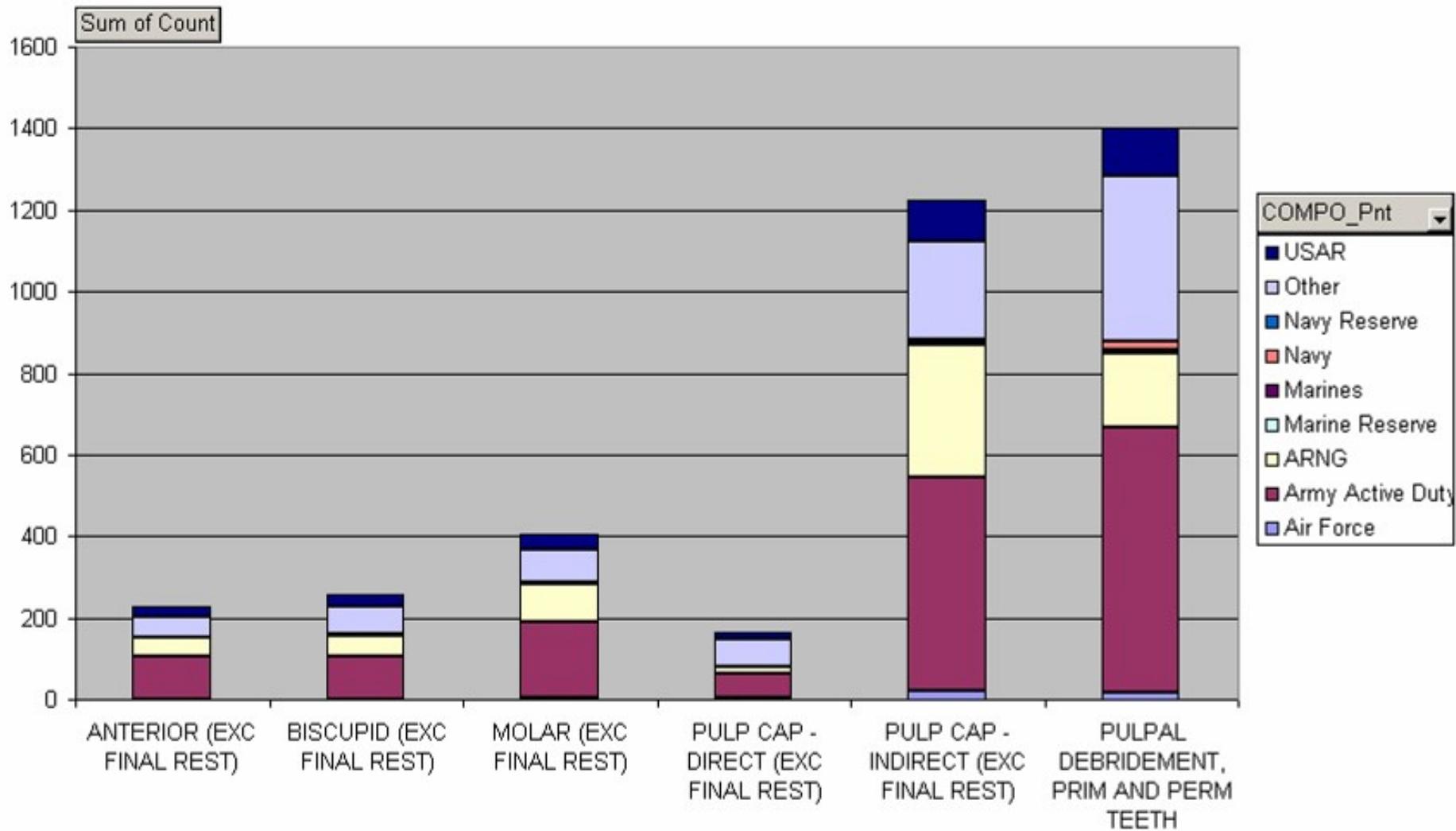


**EMERGENCY DENTAL
CARE DISRUPTS WAR
FIGHTING CAPABILITIES**

THEATRE OS: OCT 05-MAY 06

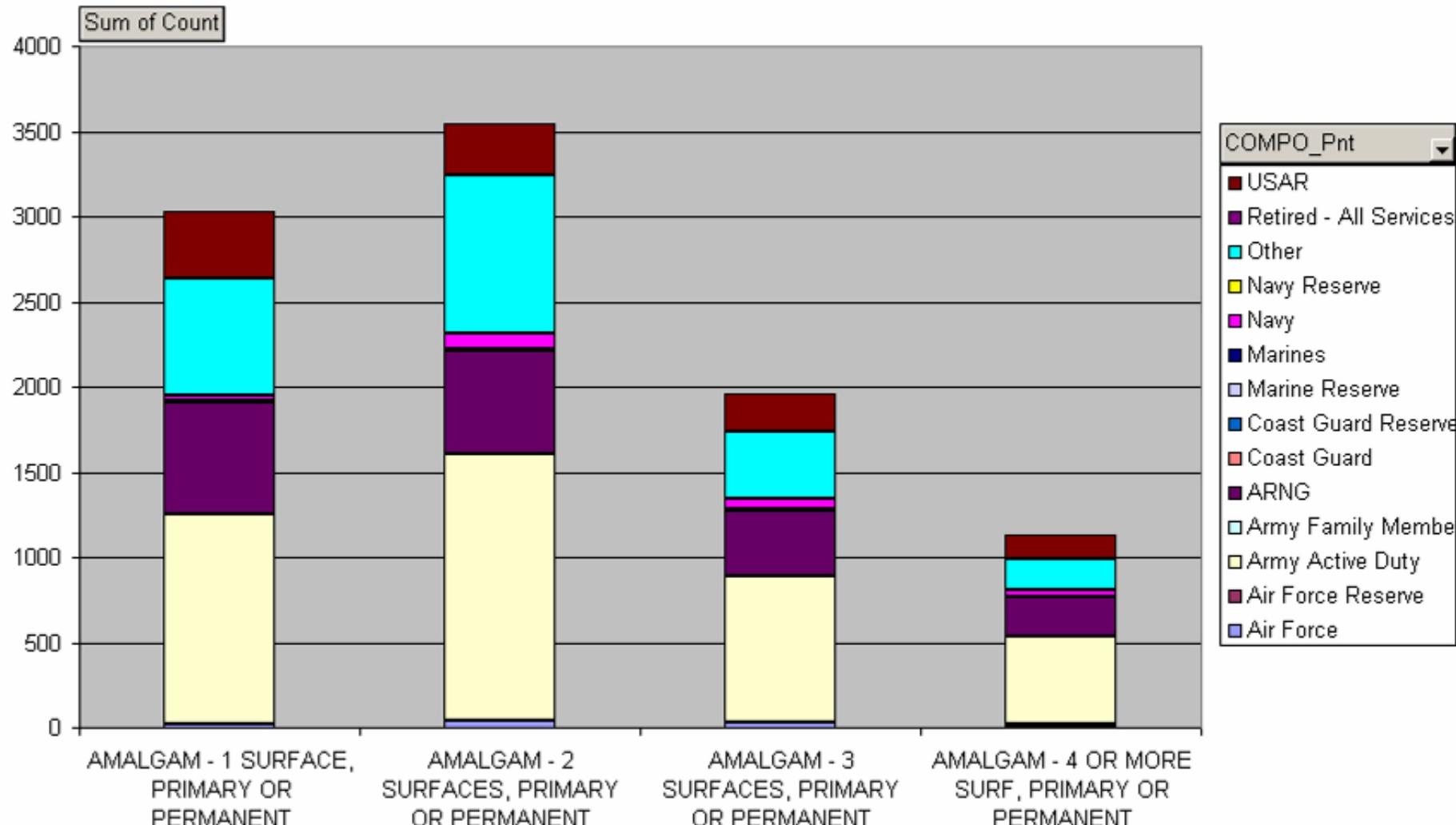


THEATRE ENDO: OCT 05-MAY 06

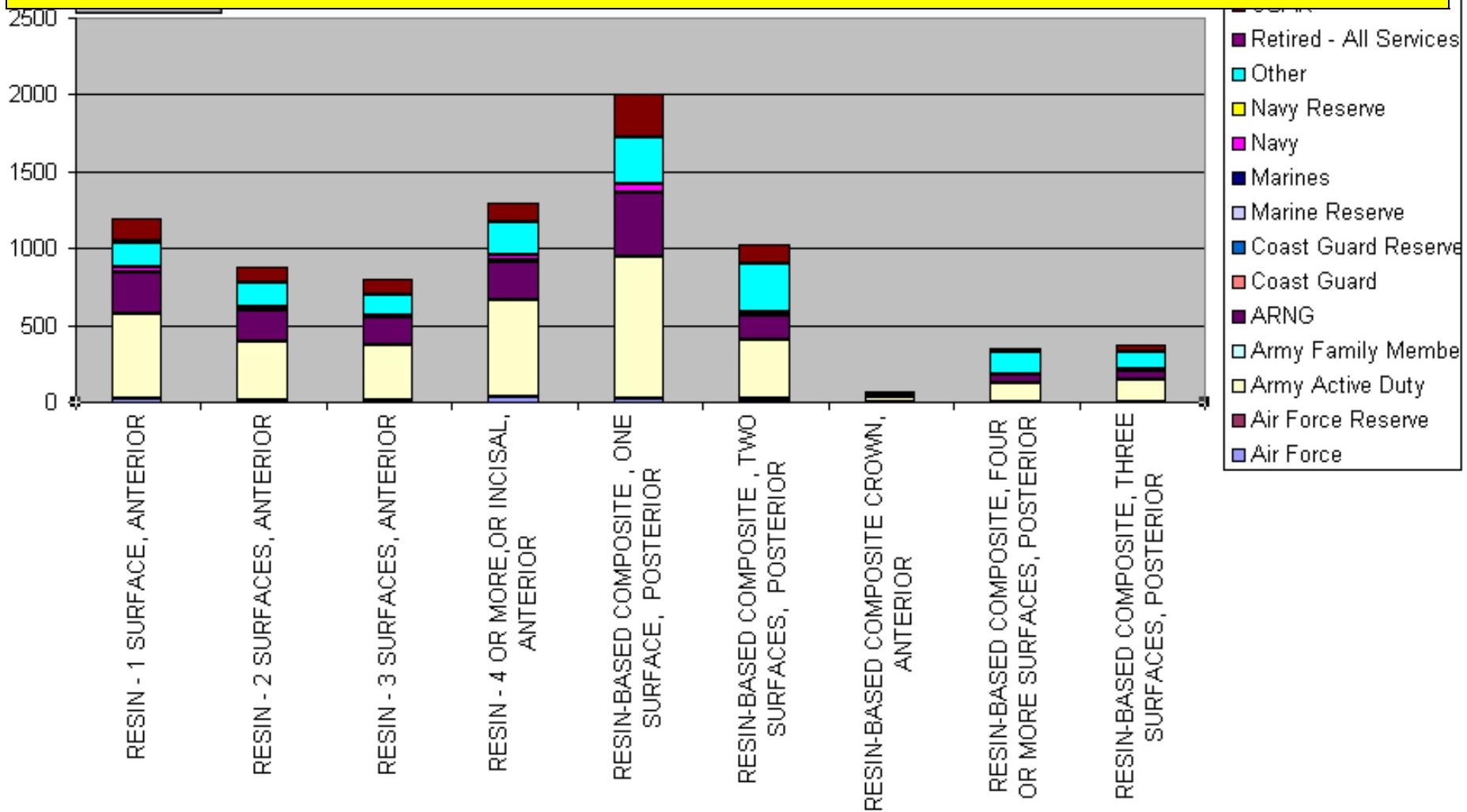


THEATRE OP (AM): OCT 05-

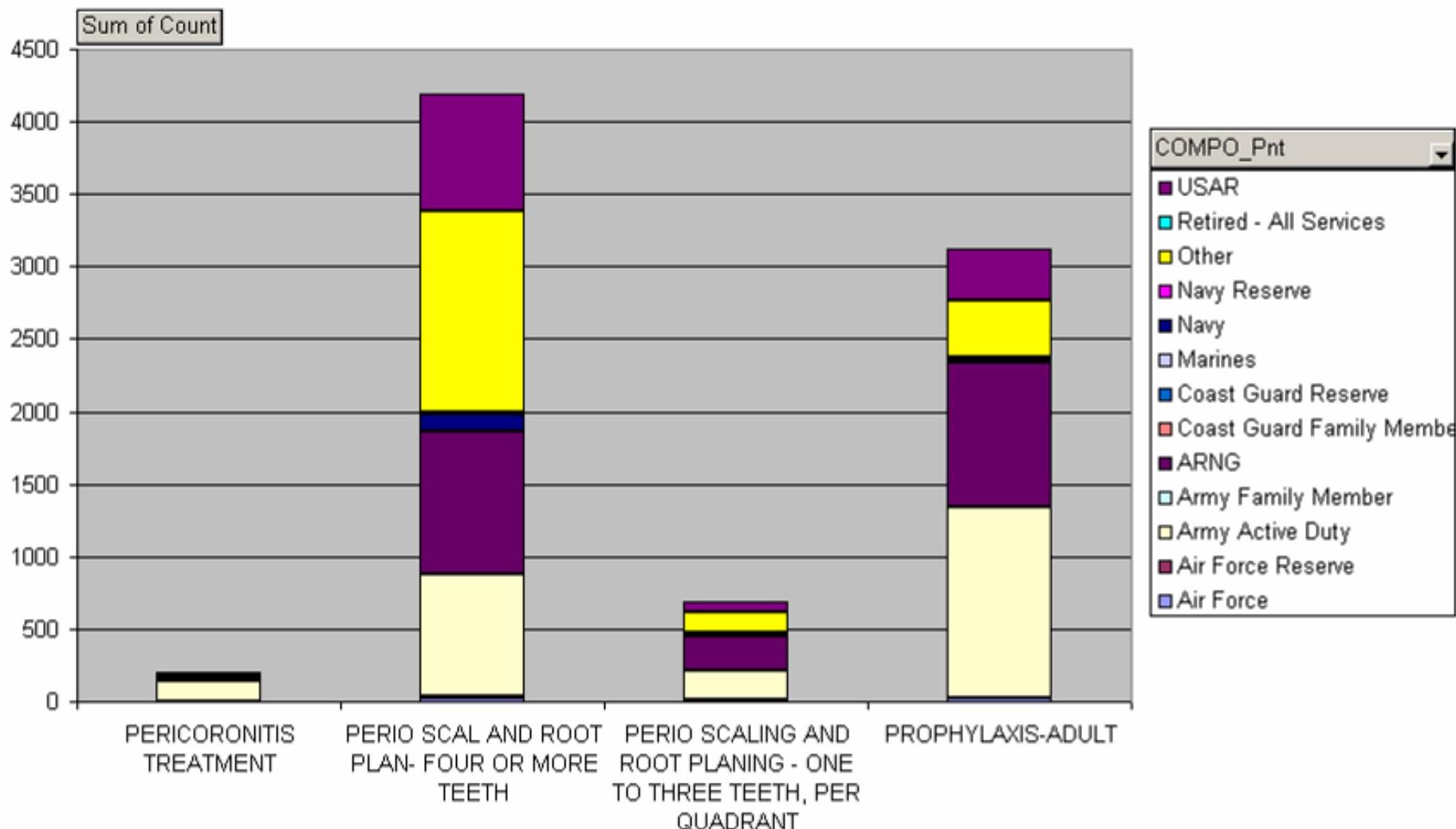
MAJ GEN



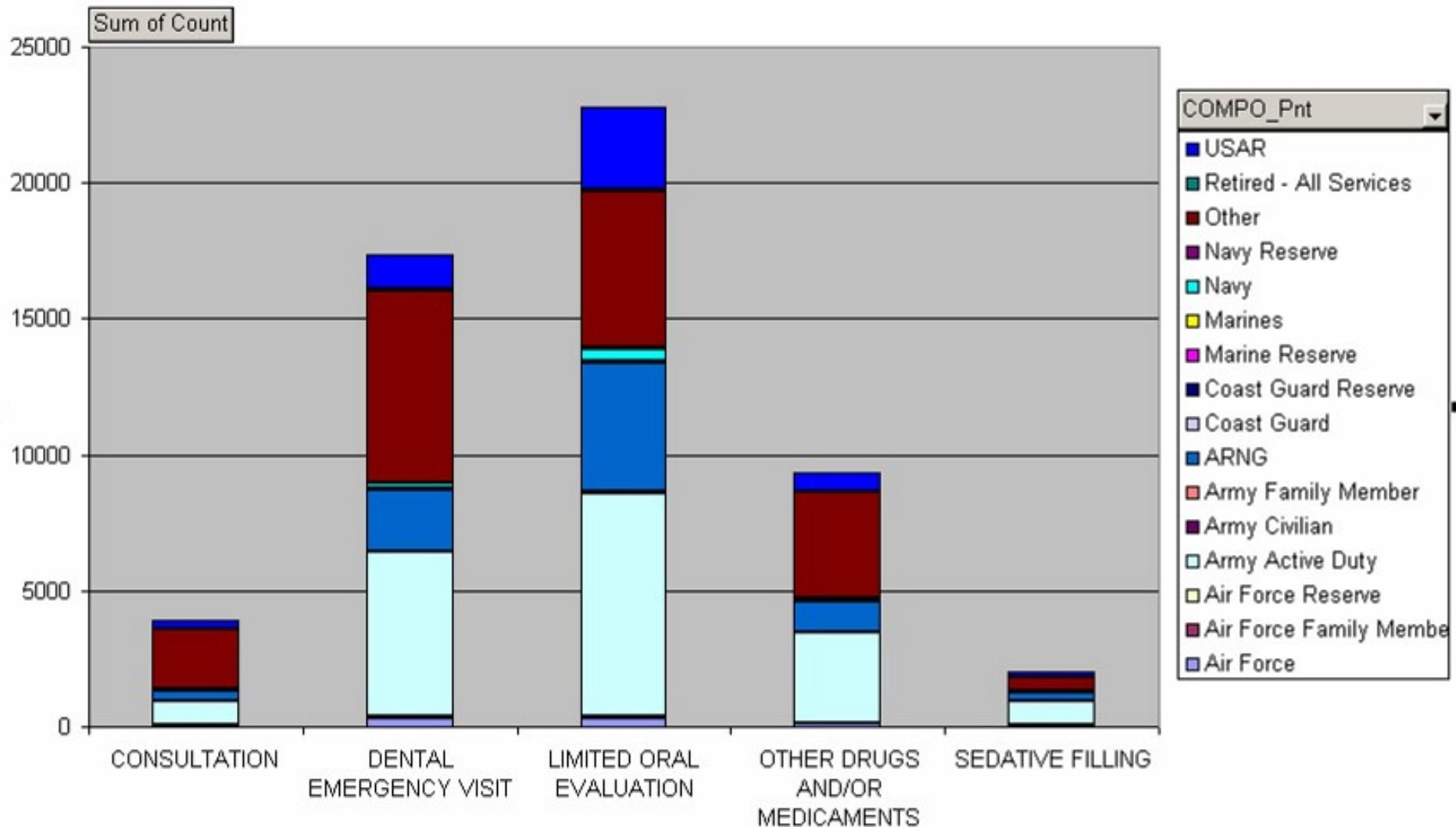
THEATRE OP (RESIN):OCT 05-MAY 06



THEATRE PERIO:OCT 05-MAY 06



THEATRE EM :OCT 05-MAY 06

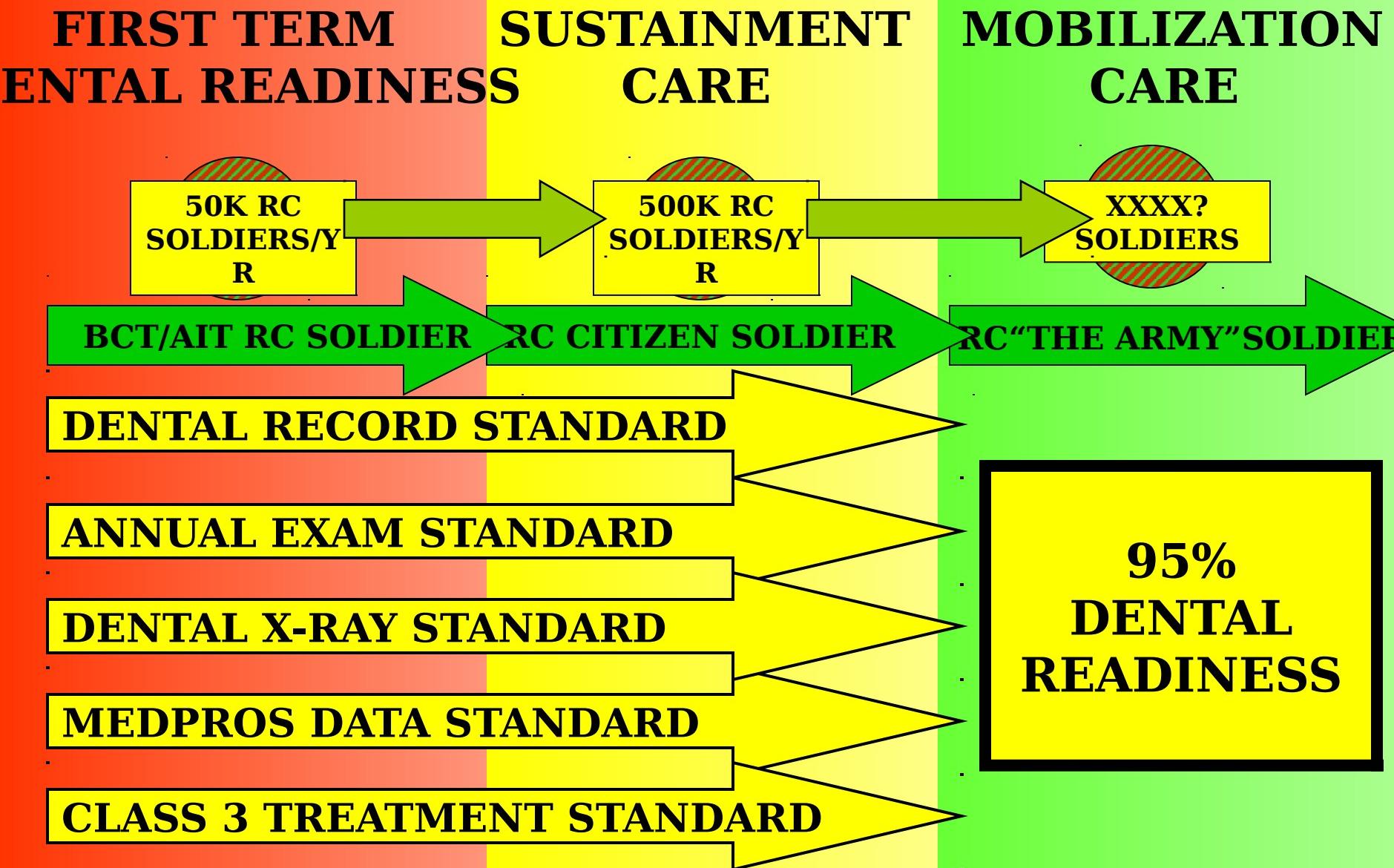




RESERVE
COMPONENTS ARMY
DENTAL CARE
SYSTEM (RC-ADCS)

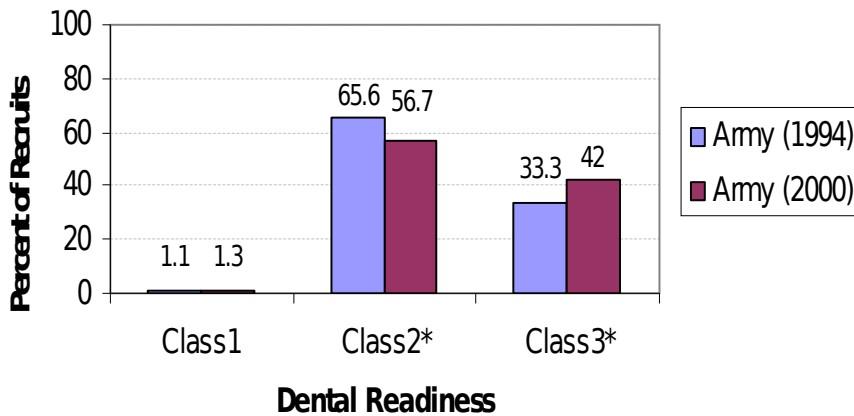
U.S. Army Dental Command

RC ARMY DENTAL CARE SYSTEM

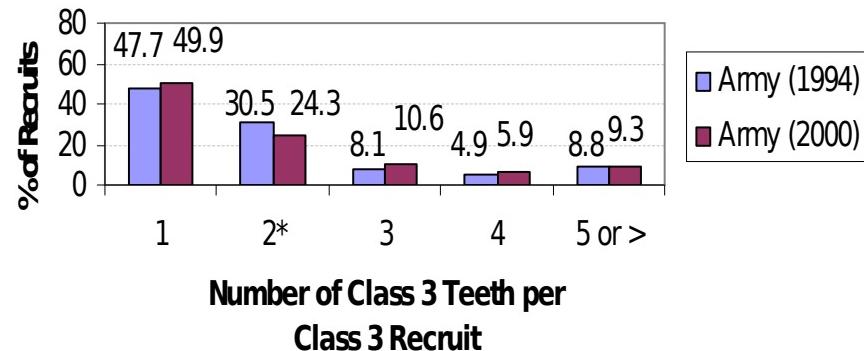


2000 Tri-Service Center for Oral Health Studies Recruit Study

Comparison: Percent Dental Readiness of Recruits for Service



Comparison: Percent Distribution of Class 3 Teeth Among Those who are Readiness Class 3 for Restorative Reasons (Service)



Summary: Increase in the Class 3 rates of Army Recruits and many have multiple teeth requiring treatment

2.75 hours - mean clinical chair time needed to convert a DFC 3 soldier to DFC 2. (Amstutz, Shulman, Williams, 1992)

SRP DENTAL STATION MOBILIZATIONS

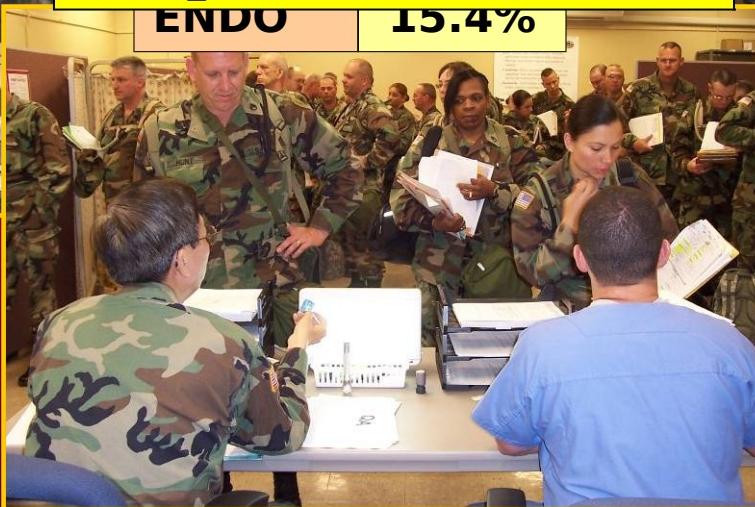


% OPER	56.3%
% SURG	28.3%



FEDS_HEAL REFERRALS 2005

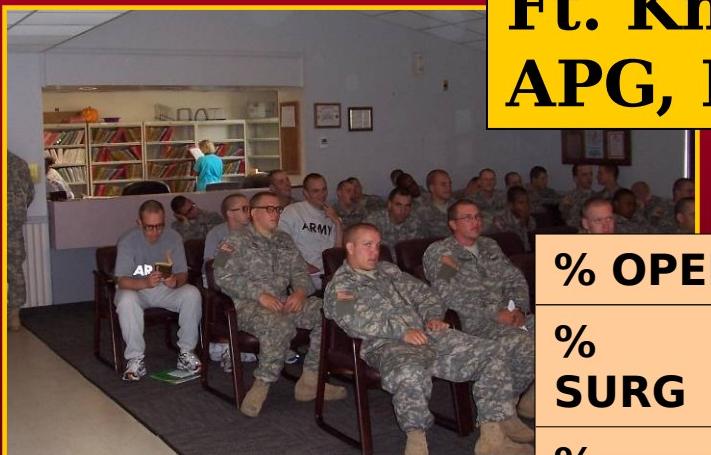
ENDO **15.4%**



FIRST TERM DENTAL RECRUITS



**Ft. L Wood, MO
Ft. Benning, GA
Ft. Lee, VA
Ft. S. Houston, TX
Ft. Gordon, GA
Ft. Jackson, S.C.
Ft. Sill, OK
Ft. Knox, KY
APG, MD**



% OPER	55.4%
% SURG	26.9%
%	



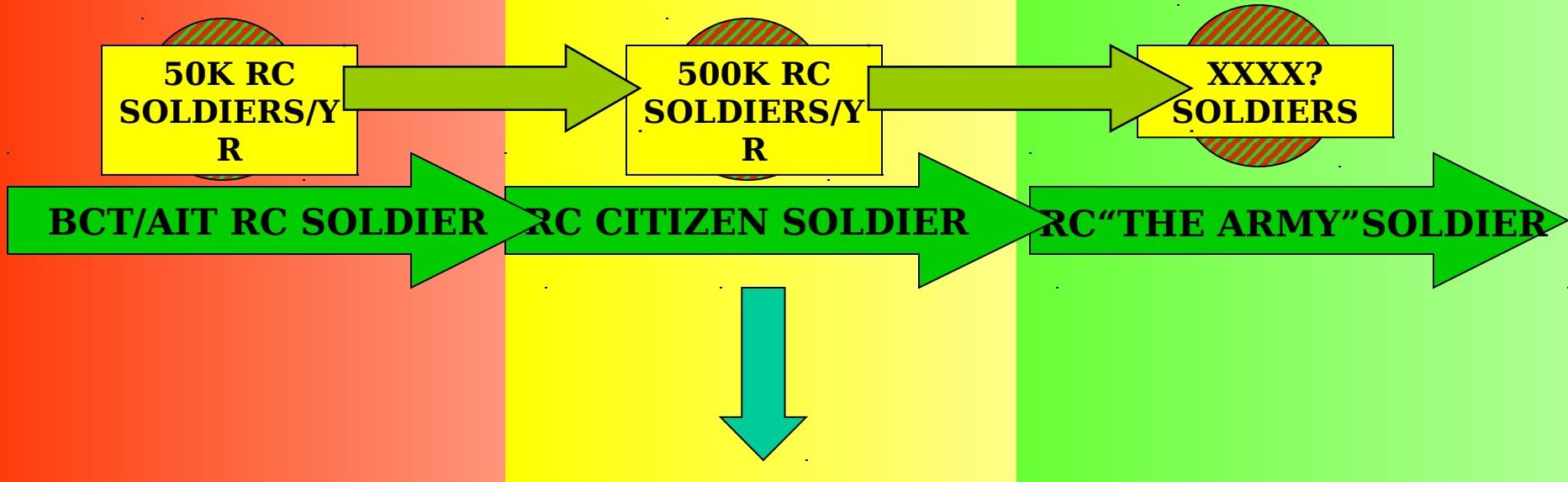
TSCOHS-2000 RECRUIT STUDY

RC ARMY DENTAL CARE SYSTEM

FIRST TERM
DENTAL READINESS

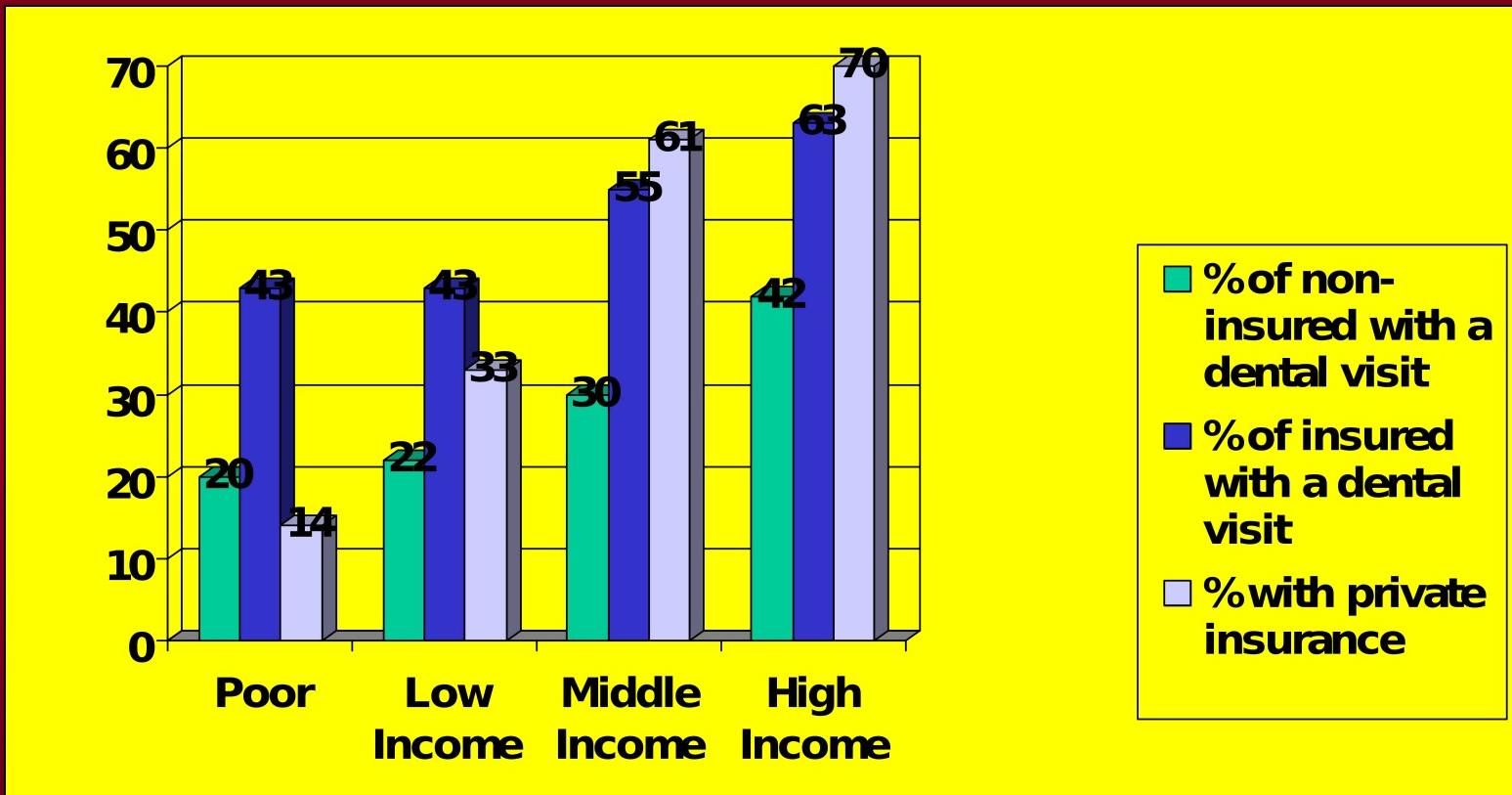
SUSTAINMENT
CARE

MOBILIZATION
CARE



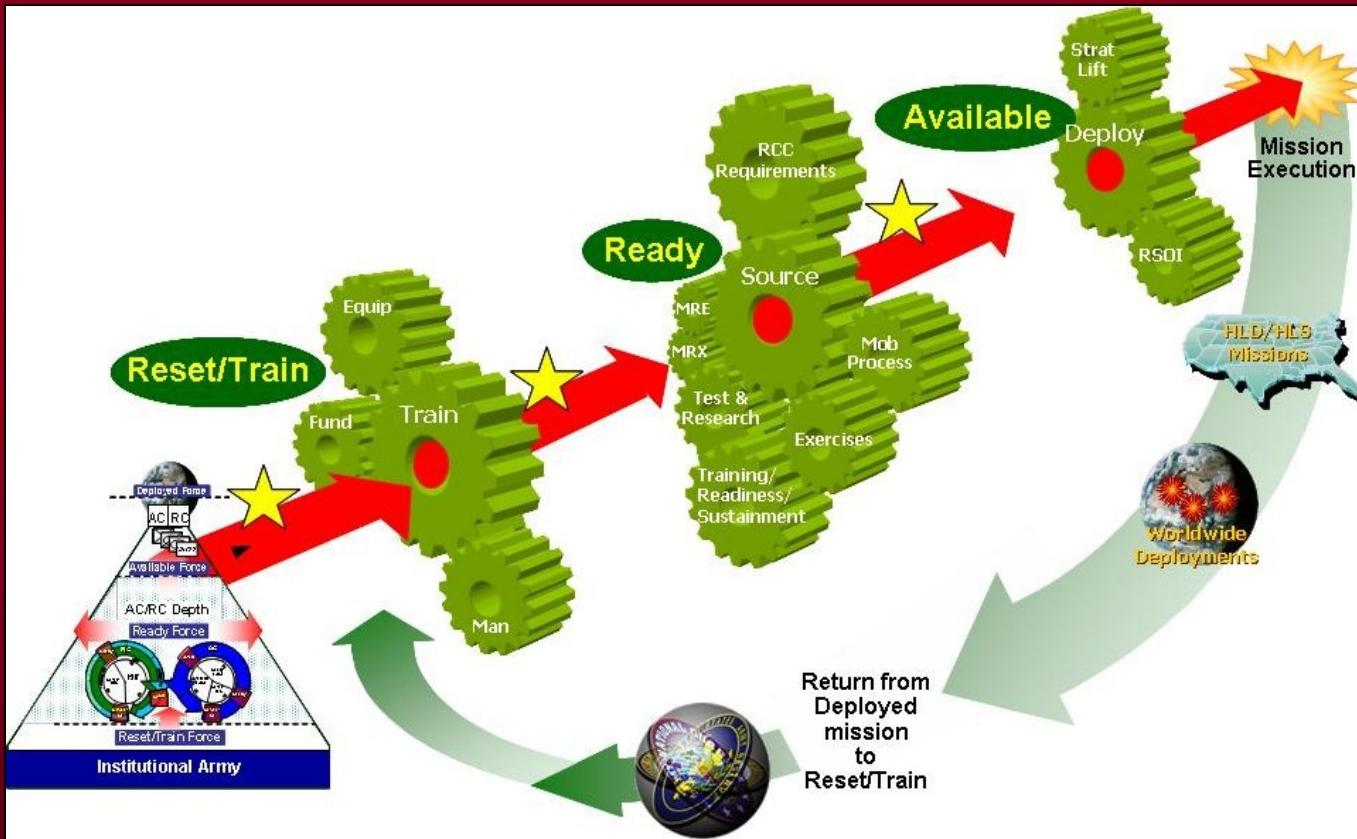
- # CL2 that revert back to CL3?
 - Demob study
 - Active component study

Dental Insurance and Utilization



Source: Manski RJ, Macek MD, Moeller JF. Private dental coverage: Who has it and how does it influence dental visits and expenditures? JADA 2002; 133: 1551-9.

- Provide complete Dental Care (exams and treatment) to all Ready Reserve and ARNG Soldiers throughout the entire ARFORGEN model (5-6 years)



QUESTIONS
?

